

VISITOR'S REGISTER
HUMAN SERVICES SUB
HOUSE COMMITTEE

BILL

DATE January 17, 1983

SPONSOR

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

MINUTES OF THE MEETING OF THE JOINT APPROPRIATIONS SUBCOMMITTEE
ON HUMAN SERVICES
January 17, 1983

Begin Side 2 Tape 9

The meeting was called to order by Chairman John Shontz at 8:15 a.m. in Room 436. All subcommittee members were present except for Sen. Regan who was excused.

Also present were: Norman Rostocki, Fiscal Analyst; Dr. John Drynan, Yvonne Sylva, Dee Capp, Dr. Pratt, R. J. Hoffman, Bob Moon, Richard Nelson, Judy Gedrose and Shari Pettit from the Department of Health and Bill Burke from the Butte-Silver Bow Health Department.

HEALTH DEPARTMENT

Norman Rostocki explained the handouts from the Department of Health and from the LFA office. He explained the organizational chart (exhibit 1) which showed both the old organization and the new. The changes show the legal is off the director's office now where it used to be its own division. The majority of the changes have been in the management services division. He explained there are very few new budgets created from the reorganization excepting for the new budget in management services division.

Norman proposed the committee hear the budgets the way they used to be and after hearing these they will be put into the proper organizational spot so that appropriations will adequately reflect the new organization. Today's discussions will be the two programs which used to be called communicable disease and the old health services division. Norman presented an 18 column spread sheet (exhibit 5) showing the combination of these two programs by sub-programs. The funding sources for each one of the programs include general fund, categoricals, USDA, Title 20, Preventative Block and Maternal Health Block Grants. Exhibit 4 was the Department of Health's presentation of the same programs and these sheets can be compared. Exhibit 2 is the LFA comparison budget. He explained that both the LFA and the Department's proposals come off a proposal from the department that reflects the 1983 base. The executive has reduced the FTE by 4.

HYPERTENSION AND HEALTH EDUCATION EDUCATION-RISK REDUCTION PROGRAMS

Dr. John Drynan introduced Mr. Bob Moon, Manager of the Hypertension and Health Education-Risk Reduction Programs in the Dental and Health Education Bureau of the Health Services Division gave testimony on the Hypertension Program which provides the establishment and maintenance of preventative health services aimed at reduction of death, disease and disability associated with uncontrolled high blood pressure. (See exhibit 8)

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Mr. Moon also testified that the Health Education-Risk Reduction Program establishes a statewide focal point for health promotion activities which voluntarily allows Montanans to consider replacing undesirable lifestyle behaviors.

Sen. Story asked if they had any clerical support and Mr. Moon told the committee they get support out of the dental health bureau. Sen. Aklestad asked if there was a certain criteria to get this service and Moon explained they try to get to the high risk, hard to reach population and actually everyone is eligible. They work through public education program. Rep. Winslow asked if the county would be duplicating what the hospital is doing in this area. Moon explained they have made an effort to keep the health promotion committees going at the local level so they can coordinate services. The Department is not so much of a direct service as he is more of a consultive role. When asked if the hypertension program was mandated he replied it was on a 70% level this year and goes down to 65% next year. Health Education-Risk Reduction isn't necessarily a mandated program as far as the Preventative Health Block Grant goes.

Norman Rostocki summarized that there are some options uses of the Preventative Block Grant the LFA has listed and the Department does not have and have taken issue to such as in laboratory, the Preventative Health Block Grant and EMS.

MATERNAL CHILD CARE HEALTH BLOCK GRANT

Dr. Drynan said the department anticipates receiving \$1,379,000 for Maternal Child Care Health Block Grant. They are proposing the use of the grant for basically two areas; the handicapped children's services for payment of treatment services for the handicapped children and to continue their use of the block grant for use in the counties as it was intended. He then introduced personnel in the various areas to present overviews.

Yvonne Sylva, Administrative Officer for the Health Service Program presented the overview of the Maternal and Child Health Care Block Grant and its proposed use in Montana. The 1981 special Legislative Session designated the Montana State Department of Health to administer the block grant primarily to provide education, diagnostic, treatment and counseling services to the maternal and child population. They propose to continue the current priorities of aid to counties and payment for medical services provided to low income handicapped children who would otherwise have no resources such as insurance. See exhibit 7 and exhibit 9 from the Department of Health.

Exhibit 9 explained the Maternal and Health Block Grant is presently allocated to two areas, aid to counties and payment for evaluation and treatment services for handicapped children. The total amount available for distribution in current fiscal year for aid to counties is \$900,000. In addition, \$40,423 was distributed to counties providing well child services. The biennium budget request is \$786,451, a 13%

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decrease from current level and in addition no funds will be earmarked for well child services. The other program priority for funding is for medical services for handicapped children.

Dee Capp, Program Supervisor for the Handicapped Children's Services gave testimony concerning the Handicapped Children's Services segment. She explained this was a direct patient service program to provide access to evaluation and treatment services which help to increase the child's prospects for a productive life. See exhibit 6. The budget proposal for Handicapped Children's Services is to maintain services at current level.

Rep. Winslow asked who does the treatment of the handicapped and if the department pays a percentage of the services. She replied that private providers provide the actual medical care and they pay 90% of the cost. The family income is based on family size and gross income. In order to become eligible the family must first go through the county and fill out applications and they alert them. They have only so many funds to spend and they take applications until they have committed all their funds. Sen. Story asked what specific disfunctions they did handle and she explained there are some areas they don't serve such as kidney problems where they would then refer them to other areas for help. Sen. Story inquired if there was an overlapping of services whereby some families would be eligible for medicaid and be in this program also. She explained that this program is more for the "gray" area or lower middle class which is not for those eligible for medicaid. Sen. Aklestad asked about additional funding to counties and she replied that the counties may not now use their block grant funds for care for crippled children but should additional federal funds be available, their priorities would then channel them into the counties.

Norman Rostocki explained that there is a tradeoff between programs and grants to counties. If the amount that goes into the counties increases then the amount that is available for programs will have to decrease and if these programs are going to continue at current level they will have to be funded with general fund. The committee will have to decide what level they want to go to counties and consequently what level general fund they will have to be used to keep programs at a current level, a reduced level or an expanded level.

End of Tape 9 Side 2

Begin Tape 10 Side 1

A discussion on the FTE ensued and it showed the 9.5 FTE they did have was now 8.4. Questions were asked about how the money was allocated to the counties and Mr. Hoffman explained that what the Department did was to hold on to Maternal and Child Care Health Block and allocated a portion that was not required for the Department's operation in fiscal 1983, and the remainder was given to the counties.

Norman explained his concern that the Department requests increasing the amount going to counties over the FY 82 actual but are they able to maintain this higher in the future. Dr. Drynan explained they

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passed through the money for the first time as a block grant beginning July 1, 1983. Block Grant money they would have passed through in 1982 they held until July 1, 1983 so they could pass this whole amount through to the counties.

Sen. Story wanted to determine how the block grant compared to the money that had passed through in categorical grants. Hoffman explained that all 56 counties are now receiving money where before it was only 7. Reference exhibit 9 Tape 10 Side A 150

Rep. Winslow asked how much input they are getting from local folks and Bill Burke from the Butte Health Department office gave a brief explanation of local response in the areas he serves. He felt that the public did indeed have a voice and got good response from his area as to what could and would be done.

Sen. Story wanted to know if this was a state match and Hoffman explained that what they are getting is a maximum grant and they are applying everything they can from the soft funds and then plugging in general fund dollars.

Chairman Shontz asked if in the handicapped children's program if they anticipated any substantial increase in the caseload for the biennium and Dee Capps replied they did not. Rep. Menahan asked if the amount of unemployment ahead of us would increase their caseload and she replied it could possibly increase. Rep. Menahan wanted to know if a person had to sell assets to qualify for these programs and she replied it was based on gross income and liquid assets.

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Dr. Drynan then introduced Richard Nelson, Supervisor of the Childhood Immunization, Venereal Disease Control and Communicable Disease Control Programs. He explained this program is primarily funded by federal funds and the communicable disease program is a mandated function of the Department (see exhibit 10). The primary activities are to monitor and assist public and private schools in the implementation of the mandated school immunization law and to promote the need and importance of immunization and to develop a procedure for granting monies directly to local agencies to implement selected immunization activities.

The V.D. Control Program offers support and assistance to local services and provides direct program assistance to areas without local services. The Department is requesting that 20G of current level budgets for personal services and travel in immunization and V.D. control be funded by general funds.

Judith Gedrose then gave a brief testimony on the Nursing Program which provides technical assistance and inservice training for public health nurses, home health nurses and other out-of-hospital nurses. They currently provide assistance in all 56 counties. See exhibit 11

Sen. Alkestad asked when this program was started. Dr. Drynan stated it began in 1982 and is funded from the general fund. In the past they

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were spread throughout different units and now they will be isolated and put into their own program. They are asking for \$150,854 in 1984 and \$153,155 in 1984 or 5 FTE. They offer consultive information to local nurses.

End of Tape 10 Side 1
Begin Tape 10 Side 2

The Dental Program was the next program presented to the committee Dr. William Haggbert, Chief of the Dental Health Education Bureau testified that currently 29 counties are participating in the Education, Brushing, Screening and Voluntary Mouthrinse Program; 23 are participating in the education and brushing program and four are participating in education, brushing and screening. They have statistics to prove that those participating in this program have reduced tooth decay and saved some \$36 per child and that more than 95% of the children K-6 have participated in the program.

Sen. Aklestad inquired whether or not they provided a service that the student could not get from home and he replied they do. This is all generally funded.

Dee Capp, Program Supervisor for the handicapped children's services explained the Cleft Lip and Palate Program. See exhibit 13 Since 1954 the cleft lip and palate program has provided a multidisciplinary approach for evaluation and treatment for children with a clefting condition from birth to age 18. With proper treatment a child can be corrected and have an excellent opportunity to become a productive adult. They received federal funding in the past and in July 1982 they were notified that federal funds for treatment services would not be available after June 30, 1983. They are requesting \$61,000 in general funds to maintain the treatment services for children with cleft and no administrative costs.

She also explained the Cardiac Program. Congenital heart disease is a major portion of the congenital defects in Montana and early evaluation and treatment are the services needed to increase the child's prospects for a productive life. Previously their patients participated in the Regional Heart Program which was subsudized with federal funds but they have lost federal funding and now the payments for medical care by Handicapped Children's Services will increase. They are requesting additional general funds to allow them to provide cardiac care services on a reduced level to those children meeting the eligibility criteria. See exhibit 14. In July 1982 the criteria changed and they anticipated a reduction because of this. Before they paid for evaluation services for everyone and now they no longer will do this only for those meeting the requirements.

Questions were asked from the committee about whether or not there would be people who could not qualify for this program and whether or not we should look into some way to assist those people. Chairman Shontz explained this program was one of the safety nets programs after they had applied for care through Medicaid, through the counties etc.

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Dr. Sidney Pratt, Chief of the Clinical Services Bureau, presented testimony concerning efforts being made relating to infant and maternal health. The improved pregnancy outcome project which is a totally federally funded program will be eliminated Sept. 30, 1983. Exhibit 15. The key elements of the program were neonatal transport, maternal transport and maternal testing and these are the areas they the department is requesting legislative support for hoping to keep the infant mortality rate at its current low level.

Ray Hoffman explained that there is currently a federal grant of about \$209,000 and the Department is requesting \$61,000 general fund for this for both years of the biennium. They have 2 FTE now which will be reduced. The funds will be specifically for transportation and testing.

Norman Rostocki explained that this program was originally a budget amendment and was federally funded and now the federal funds have run out and this will be a program they are requesting general funds for.

The last program presented was the Tumor Registry Program. Shari Pettit, program supervisor of the Montana Central Tumor Registry gave a presentation from her department. She said it was approved of in 1979 by legislative action to provide uniform reporting of cancer information (Exhibit 16) and they now have begun to build a data base. They are the only state wide program which coordinates the uniform reporting data collection and analysis of information on cancer. It is available to all the hospital and doctors across the state. They can compare the types of treatment and standards of care and are reviewed on a regular basis. This program was started by a legislative mandate with general funds last session.

The meeting was adjourned at 10:45 a.m. Child Nutrition and WIC programs will be discussed at tomorrow's meeting.

~~End of Tape 10 Side 2~~

~~John Shone Chairman~~

Carol Duval
Carol Duval, Secretary

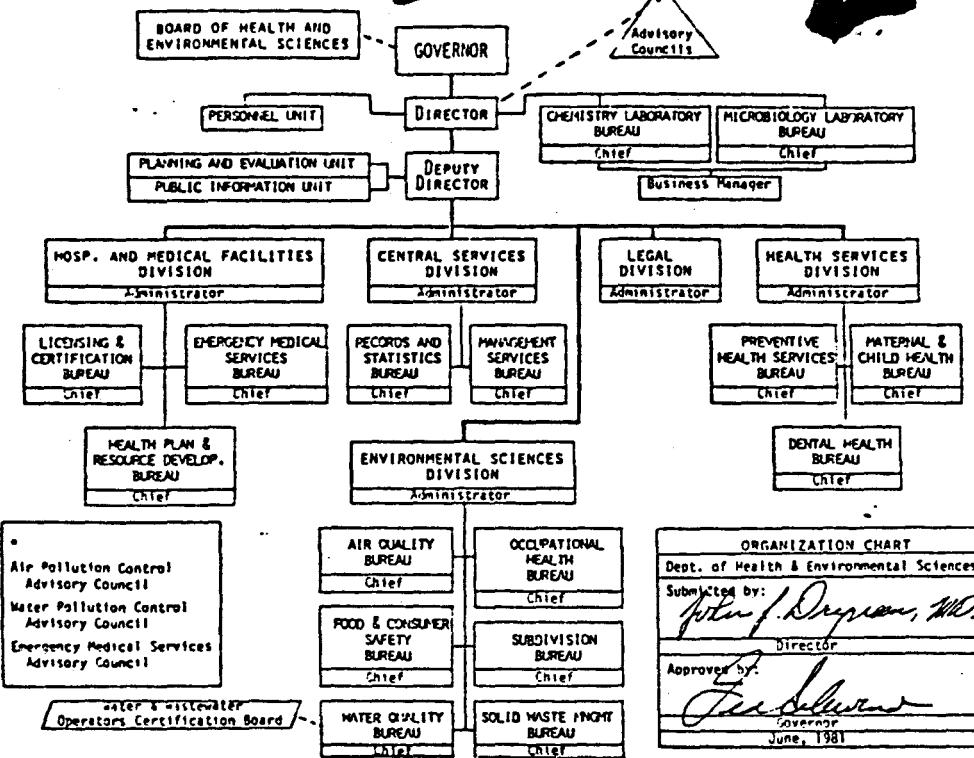
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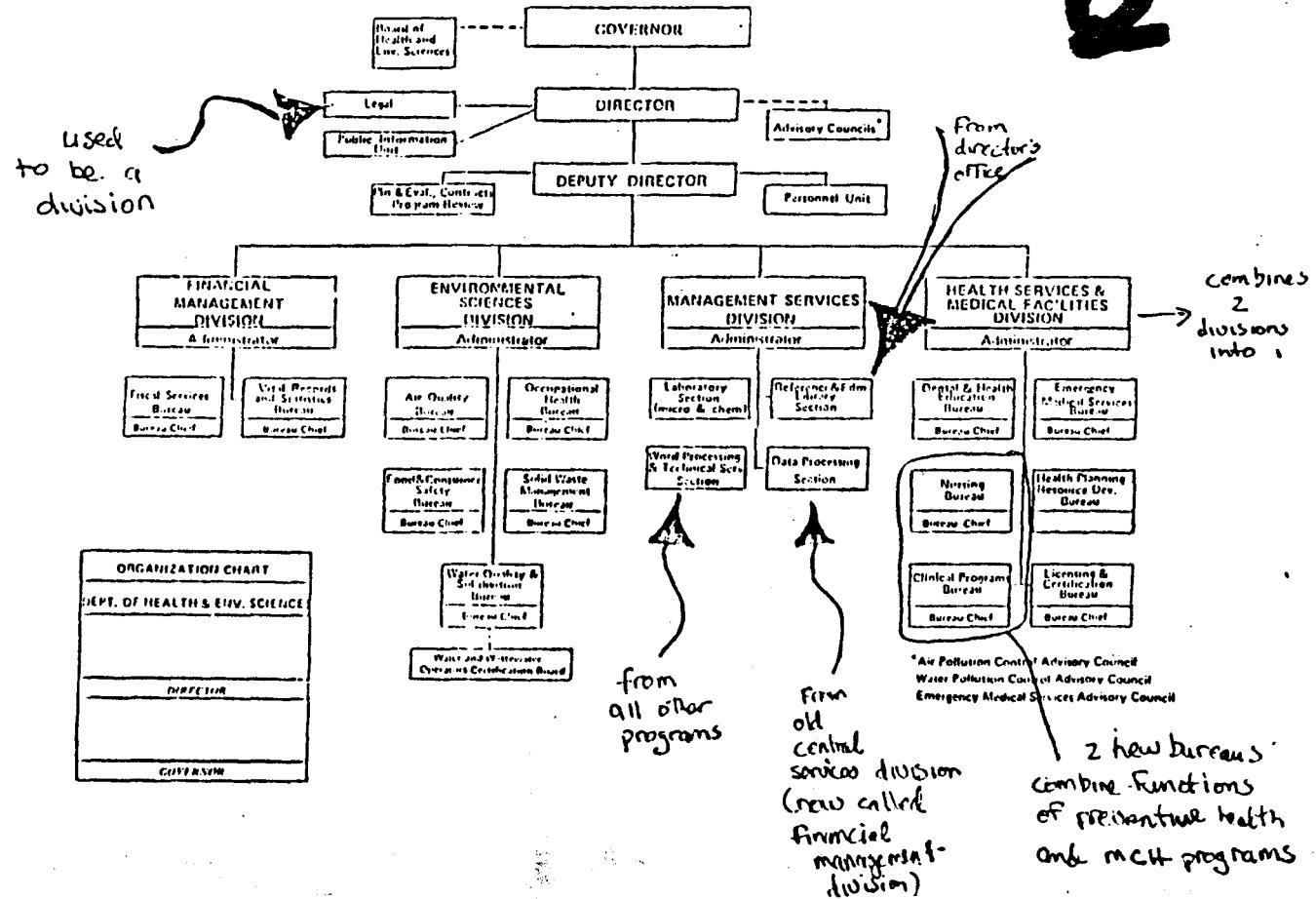
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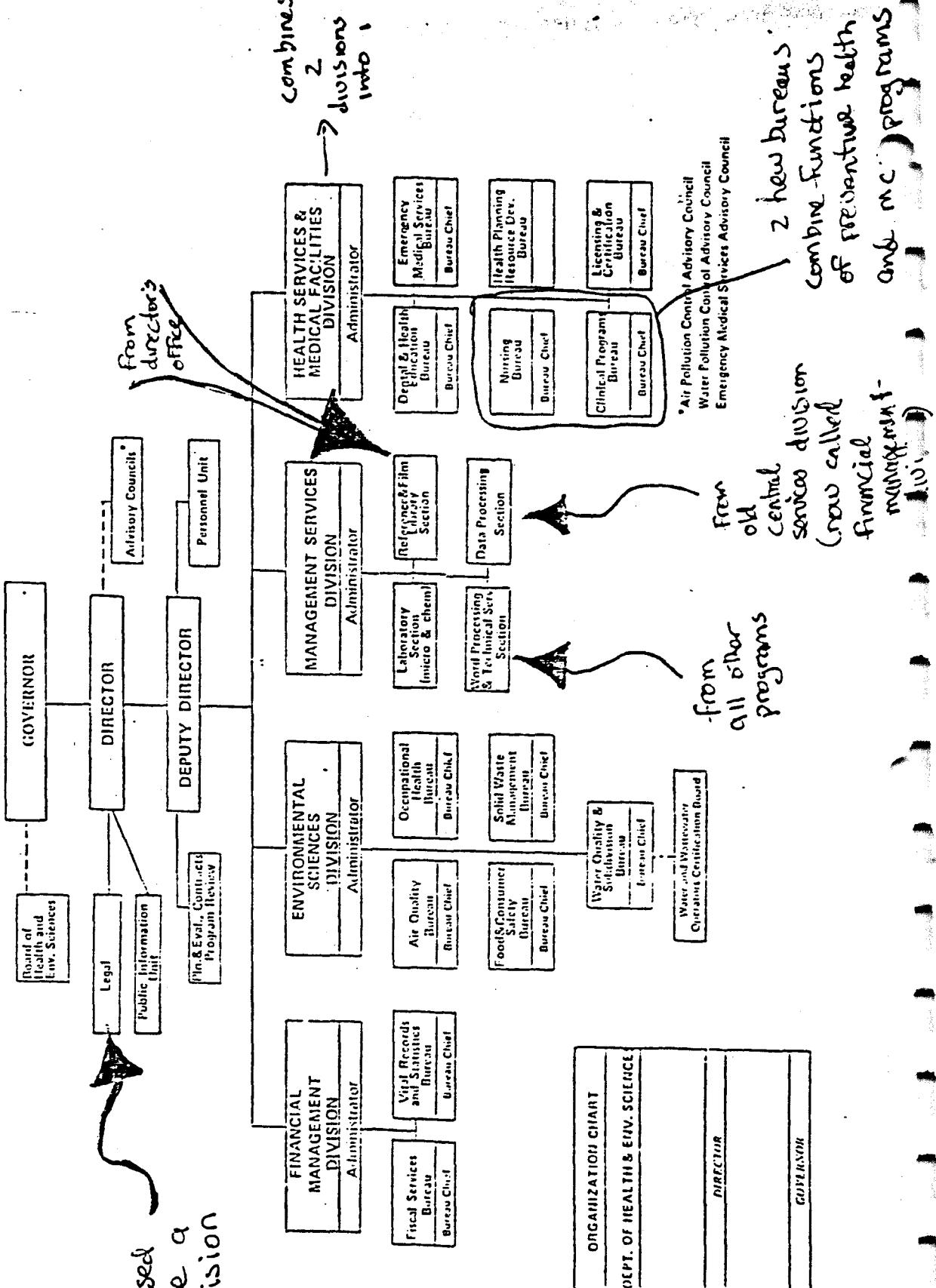
6/30/81

ADMINISTRATIVE RULES OF MONTANA



NEW





used
to be a
division

AGENCY HEALTHPROGRAM Health Services / Preventive healthExec. Budget Page 270

Subprogram _____

Fiscal Analyst's Page 746-758

	EXPEND.	1984 BUDGET			1985 BUDGET		
		1982 Adjusted	Exec. Budget	Fiscal Analyst	Exec.-LFA Variance	Exec. Budget	Fiscal Analyst
FTE	63.5	38.0	42.0	4.0	38	42	4
Personal Serv.	1,373,367	977,355	1,083,204	(105,849)	977,706	1,082,439	(104,733)
Operating Serv.							
21 Contr. Serv.	925,935	924,530	505	975,711	980,002	(4241)	
22 Supplies	3,412,783	3,401,670	11,113	3,615,422	3,605,770	9,652	
23 Communication	56,947	56,401	(1,454)	66,464	68,329	(1865)	
24 Travel	84,326	76,998	7328	87,389	80,073	7311	
25 Rent	44,470	46,823	(2,353)	47,138	46,452	686	
26 Utilities	—	—	—	—	—	—	
27 Repairs	2,622	2,399	223	2779	2,543	236	
28 Other	12,765	17,770	2	18,834	18,836	(2)	
Subtotal	4,491,356	4,543,951	4,528,591	15,364	4,813,825	4,802,010	11,815

Non-Operating

1. grants → counties	4,021,263	4,468,346	4,326,716	141,680	4,472,378	4,386,716	145,662
2.							
3. equipment	10,334	378	378	—	378	0	378
4.							
5.							
6.							
Total Expenditures	10,246,341	9,990,090	9,938,589	262,893	10,264,287	10,211,165	53,122

Funding

General Fund	280,539	1,130,401	1,019,416	110,985	1,238,577	1,047,380	191,197
Other Funds							
03 161. Categoricals	1,685,922	953,533	923,197	30,336	916,759	948,516	(37,758)
030272 - USDA	5,870,653	6,519,367	6,508,773	10,594	6,729,173	6,687,281	40,892
07 293. Title 20 (SS Block)	206,550	—	232,080	(232,080)	—	238,442	(239,442)
07 1. Proj. block	230,441	145,246	195,113	(49,967)	142,246	200,467	(55,221)
07 11. Mch block	736,110	1,241,533	1,060,010	181,523	1,241,533	1,089,079	152,454

Leg:cm:a

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES



TED SCHWINDEN, GOVERNOR

COGSWELL BUILDING

STATE OF MONTANA

MEMORANDUM

HELENA, MONTANA 59620

TO: Human Services Committee
John Shontz, Chairman

FROM: George M. Fenner, Administrator
Health Services and Medical Facilities Division

DATE: January 13, 1983

SUBJECT: Appropriation Hearings on Preventive Health
and Health Service programs

The Montana State Department of Health and Environmental Sciences has recently consolidated the Health Service programs into the Medical Facilities Division.

Yvonne Sylva, former Administrative Officer of the Health Services program will present testimony for the programs previously included in Health Services Division.

Dr. Sidney Pratt (Chief, Clinical Services Bureau), Dr. William Haggberg (Chief, Dental/Education Bureau), myself and program supervisors will be attending the appropriation hearing and will respond to any questions the Sub-Committee may have.

Overall funding for the programs is approximately 90% Federal (this includes a portion of the Preventive Health Service and Maternal and Child Health Services Block Grant monies).

The Maternal and Child Health Block Grant is administered by this division and is allocated to two sources:

- 1) aid to counties
and
- 2) payment for evaluation and treatment services for handicapped children.

Preventive Health Block Grant funds are used to fund the Health Education, Hypertension and Diabetes Programs.

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Summaries of the sub-programs are attached for your review and are grouped according to Bureau. In addition you will find a chart indicating the funds, by program, that are channeled through to local units of government and/or private providers of health services.

The dollar amount passed on to the local level either directly or indirectly represents about 90% of the total budget for the Health Services Program.

If you have any questions prior to the hearing please feel free to call me at 449-2037 or Yvonne Sylva at 449-4740.

GMF/ma
Attachments

In Montana, 20,522 clients were served by programs in 1981. This is a 464% increase in caseload since the program's statewide inception in 1972.

Each program functions under the medical supervision of a licensed physician.

Family Planning meets the needs of those who otherwise cannot afford services and could eventually become dependent on government agencies.

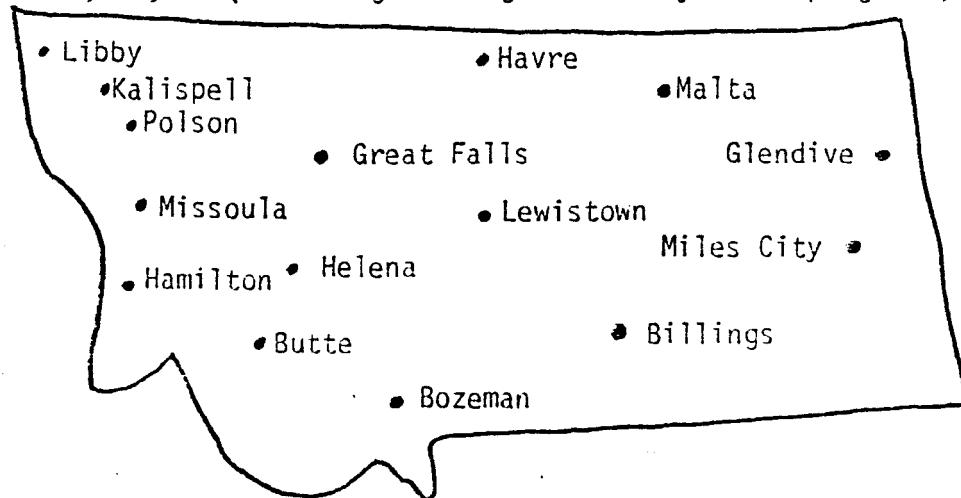
- The cost to the government for a mother on welfare and an unplanned child averages \$3348 per year plus Food Stamps and Medicaid.
- The average cost per family planning medical encounter is \$18.
- The short-term benefits (savings) to federal, state, and local governments are estimated to be \$2 for each dollar invested in family planning.
- The long-term benefits are estimated to be \$26 for each dollar invested.

Family Planning is a preventive health effort with potential to reduce significantly certain social, psychological and medical problems of women and children. It is characterized by two important aspects:

- Improvement of the health of women and children.
- The acceptance of family planning services must always be the voluntary decision of the individual.

The goal of Montana family planning services is to maintain or improve the reproductive health of Montana people in their reproductive years.

Montana there are presently 15 family planning clinics. Currently the funding is provided by: Federal Title X monies through the Health Services Division of the Montana State Department of Health and Environmental Sciences; Federal Title XX monies through SRS; State funds (SFY 1982 - \$22,950); third party reimbursement; local funds, and direct fees paid by the client based on the ability to pay. In addition some counties have elected to utilize MCH block grant funds for Family Planning. Total funds expended in SFY 1982 were \$1,581,417 (including funds generated by local programs).



The preventative health based programs provide:

- | | |
|--|--|
| • counseling in all aspects of family life | • blood pressure recordings |
| • educational services | • urinalysis for sugar and protein |
| • physical examinations | • inter-agency referral for other problems |
| • cervical cancer screening | • dispensation of contraceptives |
| • self-breast exams | • screening and treatment for gonorrhea |
| • blood tests for anemia, rubella and syphilis | • pregnancy tests |
| • immunization for rubella | |

Family Planning services are directed toward the accomplishment of the following major health goals:

- Improve and maintain the emotional and physical health of men, women and children, particularly through the detection and prevention of cancer and venereal disease with women.
- Prevent birth defects and mental retardation. Mental retardation tends to be associated with prematurity and low birth weight. The Comptroller General's report to Congress on Mental Retardation, 1977 identified family planning programs as an existing program with the ability to make a significant contribution towards reducing the incidence of mental retardation.
- Reduce the incidence of abortion by preventing unplanned pregnancies.
- Assure that more children are "wellborn" by decreasing the incidence of prematurity and birth defects.
- Decrease maternal and infant mortality and morbidity.
- Assist couples who want to have children but cannot.
- Prevent unplanned pregnancies (particularly in child abuse and poverty situations).
- Improve pregnancy outcome by correction of health problems between pregnancies and by proper spacing and timing of pregnancy.
- Assist couples in having the number of children they desire so that every child is intended and loved.

The Need:

- There are an estimated 52,799 women-in-need of subsidized family planning services in Montana.
- About 28% of these women (or 14,618) are being served by the 15 programs. Roughly estimated, an additional 16,896 women-in-need or (32%) are being provided family planning services by physicians.
- This leaves some 21,285 Montana women needing family planning services who are not receiving them. They are at risk for unplanned children.

ACCOMPLISHMENTS:

- 71% of the 20,522 clients served in 1981 lived in families with incomes at or below 150% of the CSA poverty level.
- Medical and/or education services were provided by programs to 20 unserved and 8 underserved counties in 1981.

In 1981 the 15 programs detected and referred for treatment:

- 390 positive pap smears for cervical cancer
- 1,361 cases of anemia
- 172 abnormal urine chemistry results
- 152 cases of gonorrhea
- 2,064 cases of vaginal infections
- 825 cases of breast diseases or other physical findings (heart, thyroid, etc.)
- 490 cases of high blood pressure

- FAMILY PLANNING PROGRAM -

UNPLANNED PREGNANCIES PREVENTED

In 1981 the 15 family planning programs in Montana prevented 5434 unplanned pregnancies. These pregnancies would have resulted in 3500 births, 941 abortions, and 993 miscarriages. This would have included approximately 105 cases of congenital abnormalities 105 cases of hypoxic brain damage, 18 cases of chromosomal abnormalities and 235 high-risk premature deliveries.

PROGRAM	Pregnancies Prevented	Births Prevented	Abortions Prevented	Miscarriages Prevented
Billings	1,624	1,046	281	297
Bozeman	605	390	104	111
Butte	287	185	50	52
Glendive	202	130	35	37
Great Falls	452	291	78	83
Hamilton	35	23	6	5
Livingston	157	101	27	29
Helena	583	379	102	107
Missoula	265	171	46	48
Lewistown	81	52	14	15
Libby	177	114	31	32
Malta	28	18	5	5
Missoula City	206	132	36	38
Missoula	677	436	117	121
Polson	50	32	9	9
TOTALWIDE	5,434	3,500	941	993

MONTANA STATEWIDE FAMILY PLANNING PROJECT

SFY 1982 FUNDS EXPENDED: \$1,581,417

(See Attached Fact Sheet for Program Information)

<u>Family Planning Programs (County)</u>	<u>1982 Patient Load</u>
Cascade	2,097
Custer	680
Dawson	738
Fergus	277
Flathead	1,048
Gallatin	1,945
Hill	578
Lake	180
Lewis and Clark	2,283
Lincoln	621
Missoula	2,474
Phillips	120
Ravalli	123
Silver Bow	1,245
Yellowstone	6,113
	<hr/>
	20,522

<u>County (All 56 counties served)</u>	<u>1982 Patient Load</u>
Beaverhead	46
Big Horn	72
Blaine	51
Broadwater	47
Carbon	106
Carter	7
Cascade	1,876
Choteau	31
Custer	595
Daniels	4
Dawson	547
Deer Lodge	115
Fallon	11
Fergus	261
Flathead	1,043
Gallatin	1,904
Garfield	13

MONTANA STATEWIDE FAMILY PLANNING PROJECT

Counties (All 56 Served)1980 Patient Load Served

Glacier	11
Golden Valley	17
Granite	16
Hill	519
Jefferson	130
Judith Basin	15
Lake	194
Lewis and Clark	2,076
Liberty	7
Lincoln	619
McCone	24
Madison	24
Meagher	17
Mineral	36
Missoula	2,327
Musselshell	56
Park	53
Petroleum	17
Phillips	106
Pondera	49
Powder River	10
Powell	134
Prairie	17
Ravalli	163
Richland	184
Roosevelt	7
Rosebud	109
Sanders	20
Sheridan	14
Silver Bow	914
Stillwater	49
Sweet Grass	10
Teton	47
Toole	57
Treasure	8
Valley	25
Wheatland	27
Wibaux	15
Yellowstone	5,422
Out-of-State	160
Unknown	83
TOTAL	20,522

**CHILDHOOD IMMUNIZATION PROGRAM
FACT SHEET**

BUDGET: FY 83 - \$119,924

GOAL: A federally funded program to control and prevent the immunizable childhood diseases by assuring that at least 90% of all children in Montana 0-18 years of age are adequately vaccinated for measles (hard measles), rubella (German measles), mumps, polio, diphtheria, tetanus, and pertussis (whooping cough).

BACKGROUND AND LEGAL MANDATE: The 1979 Legislature passed the Montana School Immunization Law requiring that all students K-12 (approx. 135,000) in the 800+ public and private schools in Montana are adequately immunized for the above mentioned diseases. This law has had a direct impact on the declining number of reported cases of these diseases (see statistics below). Prior to the implementation of this law, assessment of the school age children revealed that 79% of the students in grades K-8 and 64% in 9-12 were adequately protected. The 1981-82 school year assessment revealed that over 90% of all students (K-12) were adequately protected against these diseases.

ACTIVITIES:

- Monitor and assist public and private schools in implementing the immunization law.
- Conduct active and passive surveillance of immunizable childhood diseases.
- Implement outbreak control procedures, as necessary.
- Assist in conducting assessment activities to identify and immunize susceptible children.
- Distribute vaccine free-of-charge to local providers (see statistics below).
- Publicize and promote the need for childhood immunizations.
- Develop a procedure for granting monies directly to local agencies to implement selected immunization activities.
- Securing funding for on-going and future operation of this program.

CASES OF VACCINE PREVENTABLE DISEASES: (by calendar year)

	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>
DIPHTHERIA	0	0	0	0	1
PERTUSSIS	2	9	14	3	12
TETANUS	1	0	0	0	0
MEASLES	1081	88	56	2	0
RUBELLA	15	22	73	44	3
POLIO	0	0	0	0	0
MUMPS	13	140	14	42	13

VACCINE PROVIDED LOCAL PROVIDERS: (by calendar year)

	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>
DTP (Diphtheria/tetanus/ pertussis)	7,460	13,064	15,086	16,060	17,240
Td (Diphtheria/tetanus)	4,534	8,003	10,955	7,436	6,512
MR (Measles/Rubella)	5,917	3,420	2,101	1,557	942
MMR (Measles/Rubella/Mumps)	2,031	4,028	5,606	5,390	5,629
MEASLES	4,777	2,987	4,973	1,543	843
RUBELLA	224	773	1,372	781	630
POLIO	11,678	19,200	23,119	23,412	22,832
MUMPS	990	1,780	1,804	842	361
TOTAL	37,611	53,255	65,106	57,930	54,989

VENEREAL DISEASE CONTROL PROGRAM
FACT SHEET

BUDGET: SFY 83 - \$72,486

GOAL: A federally funded program for the control of venereal disease, more commonly called sexually transmitted diseases (STD's), in Montana. This program offers support and assistance to locally established STD services and provides a wide range of program activities in areas of the state where no local services exist. These services include the investigation and interview of patients and referral for diagnosis and treatment.

BACKGROUND: Syphilis and gonorrhea are our major concern and they are on the decline. The network of providers doing interviews and investigation around the state will have greater impact on the reduction of these diseases due to more rapid follow-up, improved suspicion levels and a higher general VD awareness. This process will continue as more and more STD clinics are established around the state.

ACTIVITY: . Engage in appropriate follow-up activities of reported venereal disease cases to include interviewing for sexual contacts and their referral.

- . Monitoring numbers of diagnosed cases for possible outbreaks in local areas.
- . Coordinating venereal disease activity with programs in other states in order to identify and respond to importations of disease in Montana.
- . Provide current technical information regarding venereal disease trends to the private medical sector and to public health professionals.
- . Provide in-service training to local providers which will enable them to function more efficiently in their local programs.
- . Provide financial assistance to local providers to travel to appropriate out-of-state training programs not available in Montana.
- . Provide venereal disease education to the general public upon request such as schools, civic groups, etc.

COMMUNITY HEALTH NURSING SERVICES PROGRAM

Statutory Authority: Chapter 200 Montana Session Laws 50-1-202 (11).

Major Goals:

1. Disseminate current information regarding the theory and practice of community health nursing.
2. Encourage availability of community health nursing for all Montana citizens.

Description:

The majority of public health programs in the state are implemented by nurses. The Community Health Nursing Services Program of Montana State Department of Health and Environmental Sciences provides consultation to all community health nurses in the state. Programs implemented by local nurses utilizing the consultation of the State Nursing Program include at least the following: 1. 56 Maternal-Child, 2. primary, secondary, and tertiary prevention, 3. school health and 4. care to the sick at home.

Consultants assist local nurses according to their needs. Regularly scheduled visits are made to public agencies employing community nurses. Specialty consultation is provided as needed, i.e., a communicable disease outbreak, by the most appropriate consultant.

Montana State Department of Health and Environmental Sciences' nursing consultants use a variety of methods to assist the local nurses to perform optimally. These methods include field visits, training sessions, workshops, technical assistance, written communications, interacting with others on behalf of the field nurse, development of materials and providing current information in community health nursing and related fields.

Evaluation:

Based on the two major goals presented above, objectives are generated at the beginning of each fiscal year and reviewed annually.

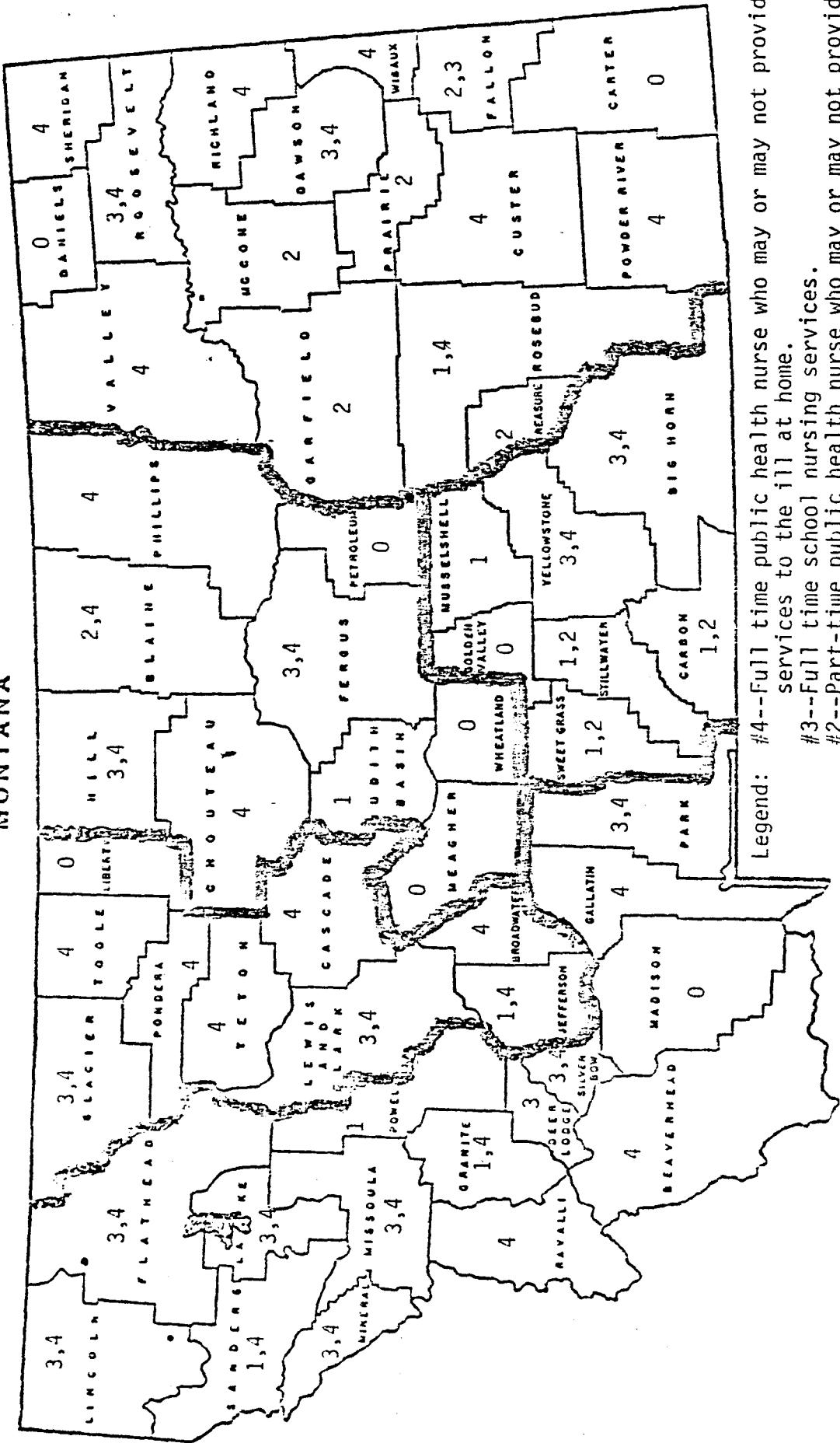
Staff:

3.5 FTE consultants (1 located in Corvallis)

In addition to FTE's assigned specifically to the Community Health Nursing Services Program, nurse consultants from the Improved Pregnancy Outcome Program and the Family Planning Program provide generalized consultation services. Clerical services are provided by the Health Services Division pool.

**Geographic Division of State for Purposes of
Providing Generalized Community Nursing Consultation****

MONTANA



No. 1050 — County Outline Map
SUBSIDIARY PUBLISHING COMPANY

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- *Each consultant maintains expertise in one or more area(s) of specialty nursing. Areas of specialty expertise maintained by consultants include: (1) school nursing, (2) communicable disease control, (3) home health, (4) health promotion related to high risk pregnancy and (5) maternal-child health care.
- *When essential community nursing services, such as Tuberculosis case contact testing, are needed in an area where no nurse is available, Montana State Department of Health and Environmental Sciences' consultants arrange for or provide the

DENTAL PROGRAM
FY 83 Budget: 147,504

The goal of the Dental/Health Promotion Program is to improve the dental health of all Montanans through primary dental prevention.

- Provide education for proper oral health care via toothbrushing, nutrition and flossing.
- Provide screening to determine status of oral health condition for referral to private practitioners of needed dental services.
- Provide fluoride mouthrinse program to reduce dental caries by up to 35%.
- Promote fluoridation of municipal water supplies to reduce dental caries up to 65%.
- Provide consultation and education to handicapped children program for cardiac and cleft recipients.
- Promote dental occupational health prevention with Occupational Health Bureau in Nitrous Oxide delivery, x-ray, and mercury usages.
- Provide consultation in conjunction with Preventive Health Unit in communicable disease control, namely herpes and hepatitis B.
- Provide inservice training to personnel in long-term nursing homes for dental care of the elderly.
- Provide guidance to the Montana Dental Association's Council in dental health to provide preventive programs carried out by private practitioners.

FLUORIDATION GRANT

<u>County or City</u>	<u>Population</u>	<u>\$ Amount Spent</u>	<u>Items</u>
Ennis	700	550	Fluoridation Equipment
Chester	1,000	550	Fluoridation Equipment
Harlem	1,094	550	Fluoridation Equipment
Colstrip	4,600	7,801	Fluoridation Equipment
Laurel	1,450	1,487	Fluoridation Equipment
Scobey	1,486	3,742	Fluoridation Equipment
St. Ignatius	925	4,830	Fluoridation Equipment
Roundup	2,116	4,205	Fluoridation Equipment
TOTAL	13,371	23,715	Fluoridation Equipment

For Children K-6 Statewide Education, Screening, Mouthrinse Grant

Butte Silver Bow contract includes counties hygiene services to Powell, Deer Lodge, Granite, Beaverhead	5,885	15,000 3,530	Hire hygienist Supplies, brushes, tissue, cups, for mouthrinse
Missoula & Ravalli	9,689	15,000 5,812	Hire hygienist Supplies, brushes, tissue & cups for mouthrinse
Yellowstone	12,600	15,000 7,560	Hire hygienist Supplies, brushes, tissue & cups for mouthrinse
TOTAL	28,174	61,902	

For Children K-6 State General Funded Screening Mouthrinse & Education

Sanders	1,100	660	Supplies, brushes, fluoride, tissue, cups
Lake	600	360	Supplies, brushes
Lincoln	2,330	398	fluoride, tissue, cups
Jefferson	995	597	Supplies, brushes, fluoride
Toole	543	325	Supplies, brushes, fluoride, tissue, cups
Park	1,120	670	Supplies, brushes, fluoride, tissue, cups
Sweetgrass	350	210	Supplies, brushes, fluoride, tissue, cups
Fallon	382	230	Supplies, brushes, fluoride, tissue, cups
TOTAL	7,420	3,450	Supplies, brushes, fluoride, tissue, cups

For Children K-6 State Brush-In for School Not in Rinse Program

All Counties not in mountrinse	50,000	7,500	Supplies, brushes
TOTAL	50,000	7,500	
GRAND TOTAL School Programs	85,594	72,852	
TOTAL ALL PROGRAMS	98,965	96,587	

HEALTH EDUCATION-RISK REDUCTION PROJECT
PROGRAM BRIEF

FY83 Budget: \$45,850

Manager: Robert W. Moon, M.P.H.

BASIC ELEMENTS:

The goal is to establish a statewide focal point for health education-risk reduction activities and assist in initiating, strengthening, implementing and evaluating programs which voluntarily allow Montana residents to consider replacing undesirable lifestyle behaviors, aimed at reducing the incidence/prevalence of chronic disease. Activities include:

--Updating and maintenance of an inventory of existing Health Education/Risk Reduction activities ongoing in the State.

--Maintenance of working liaisons directed toward developing cooperative strategies with voluntary health agencies, professional organizations, and education groups which have potential for positively affecting risk reduction activities.

--Maintenance of consistent methods and procedures to obtain risk factor prevalence and other data on a systematic basis.

--Development and/or improvement of surveillance systems to identify and record the morbidity and mortality of chronic diseases and their related risk factors.

--Provision of technical and management consultation to communities to establish, maintain and improve an organized approach to Health Education/Risk Reduction by:

-facilitating coordination of a community health promotion event emphasizing use of community resources;

-promoting health of individuals in an occupational setting;

-implementing experimental or innovative community health promotion efforts which may become models for similar programs elsewhere in Montana that enable people to reduce health risks;

-enhancing existing community health promotion events.

RWM:cmh
HSD 10/82

HYPERTENSION PROJECT

PROGRAM BRIEF

FY85 Budget: \$92,350

Manager: Robert W. Moon, M.P.H.

BASIC ELEMENTS:

The goal is to aid in planning, implementation, and evaluation of coordinated and comprehensive high blood pressure programs in Montana designed to reduce the risks of death, disease, and disability associated with uncontrolled high blood pressure. Activities include:

- Increasing public awareness of the risks associated with high blood pressure.
- Promoting and support programs designed to reduce the risk factors associated with high blood pressure.
- Planning and implementing worksite high blood pressure programs.
- Developing professional and consumer high blood pressure education programs.
- Strengthening existing programs and developing new approaches for reaching people at risk for high blood pressure.
- Encouraging every adult citizen in the state to have his/her blood pressure checked every year and to provide education about blood pressure.
- Developing a follow-up system for all people identified as having elevated blood pressure.
- Strengthening existing and establishing new types of support systems needed to encourage hypertensive individuals to adhere to treatment.
- Developing a statewide and local referral network for hypertensives.
- Developing a data system which will monitor the incidence and prevalence of high blood pressure.
- Evaluating hypertension programs and activities in terms of reduction and control of blood pressure.
- Securing funding for ongoing and future operation of high blood pressure programs in Montana.

RWM:cmh
HSD 10/32

HYPERTENSION SERVICES
SFY 83

<u>PROVIDER</u>	<u>COUNTIES SERVED</u>	<u>FUNDING</u>
Anaconda Indian Alliance	Deer Lodge	\$ 940
Beaverhead Co. Health Dept.	Beaverhead	185
Butte Indian Alliance (No. American)	Silver Bow	940
Carbon Co. Council on Aging	Carbon	2,440
Cascade City-Co. Health Dept.	Cascade	9,390
Golden Valley Co. Council on Aging	Golden Valley	673
Granite County Health Dept.	Granite	355
Helena Indian Alliance	Lewis & Clark	1,405
Lake County Home Health	Lake	1,030
Lewis & Clark Co. Health Dept.	Lewis & Clark	9,855
Lincoln County Health Dept.	Lincoln	655
Missoula City-Co. Health Dept.	Missoula	11,265
Musselshell Senior Services	Musselshell	750
Ravalli County Health Dept.	Ravalli	1,035
Sanders Co. Council on Aging	Sanders	2,000
Butte-Silver Bow Health Dept.	Silver Bow	5,070
SOS Health Center, Seeley Lake	Missoula	895
Stillwater Co. Council on Aging	Stillwater	1,170
Wheatland Co. Council on Aging	Wheatland	185
Yellowstone City-Co. Health Dept.	Yellowstone	<u>12,675</u>
TOTAL		\$ 62,913

HANDICAPPED CHILDREN'S SERVICES
July 1, 1981 - June 30, 1982

FACT SHEET

Handicapped Children's Services (HCS) is concerned with the early detection, diagnosis and rehabilitation of children with chronic handicapping conditions. The program has been funded by federal and state dollars.

The provision of diagnostic evaluation services is arranged through interdisciplinary regional centers and private health care providers. Treatment services, such as surgery and related hospitalizations, special medications and formulas, braces and therapies are purchased from private health care providers.

Treatment services are provided for specific conditions which have a good chance for rehabilitation, thus increasing the individual's potential for a productive life.

Eligibility criteria for services through HCS has been revised and is the following: Family gross income at 185% of poverty (set by CSA Guidelines, May 1982), family size, medical condition and age of child.

HCS utilizes family insurance prior to any HCS payments for authorized care. If a family is eligible for Medicaid benefits they are not eligible for HCS payments. However, Medicaid patients may attend a HCS sponsored specialty clinic such as cleft palate, cardiac, etc.

HCS also manages the Cleft Lip and Palate Program which has provided diagnostic and rehabilitative services to patients since 1954. This program has had state and federal funding.

PROGRAM ACTIVITIES

ACTIVITY	PRIMARY SERVICE AREA	# CHILDREN SERVED
I. <u>Evaluation</u> Total Spent = \$267,563		
A. <u>Regional Center Evaluations:</u>		
CDC (cleft, scoliosis, screens of high risk newborns)	Region V	153
E & D Clinics (Multiple agency funded service)		183 336
CHC (includes cleft)	Regions I & III	285
B. <u>Specialty Clinics</u>		
Cardiac Clinics	Statewide	583
Cleft Clinics	Helena, Butte, Great Falls	71
Pediatric Neurology Clinics	Billings, Bozeman	90
Cystic Fibrosis Clinic	Statewide	22 766
C. High Risk Infant Hearing Screening	Region V	294
SUBTOTAL		1,681
II. <u>Treatment Services</u> - Total Spent = \$336,284		
Hearing Aids Purchased	Statewide	14
Cleft Lip & Palate	"	86
Cardiac Care	"	43
Neurological Care	"	23
Care for Bone Deformities	"	59
Chronic Hearing Problems	"	22
Cystic Fibrosis	"	7
Congenital Deformities/Other Conditions (i.e., PHU, Meiyomeningecole, Reyes)	"	29
SSI (Payments for Special Equipment)	"	36
SUBTOTAL		719
III. <u>Nurse Assisted Transports of Newborns</u> - Cost = \$4,965		59
TOTAL SERVED		1,059

RACE OF CHILDREN SERVED BY HCS:

Caucasian: 471 (89%)	Indian: 54 (10%)	Other: 5 (1%)	<u>Total</u>
			530

NUMBER OF CHILDREN PER COUNTY RECEIVING HCS TREATMENT SERVICES

01 - Beaverhead	5	21 - Hill	9	40 - Prairie	0
02 - Big Horn	14	22 - Jefferson	6	41 - Ravalli	18
03 - Blaine	5	23 - Judith Basin	2	42 - Richland	10
04 - Broadwater	7	24 - Lake	16	43 - Roosevelt	7
05 - Carbon	4	25 - Lewis and Clark	41	44 - Rosebud	4
06 - Carter	1	26 - Liberty	1	45 - Sanders	5
07 - Cascade	54	27 - Lincoln	10	46 - Sheridan	3
08 - Chouteau	5	28 - McCone	1	47 - Silver Bow	31
09 - Custer	7	29 - Madison	3	48 - Stillwater	5
10 - Daniels	0	30 - Meagher	0	49 - Sweet Grass	0
11 - Dawson	3	31 - Mineral	4	50 - Teton	8
12 - Deer Lodge	3	32 - Missoula	54	51 - Toole	5
13 - Fallon	1	33 - Musselshell	0	52 - Treasure	0
14 - Fergus	7	34 - Park	9	53 - Valley	8
15 - Flathead	30	35 - Petroleum	1	54 - Wheatland	0
16 - Gallatin	25	36 - Phillips	6	55 - Wibaux	1
17 - Garfield	0	37 - Pondera	13	56 - Yellowstone	41
18 - Glacier	18	38 - Powder River	7		
19 - Golden Valley	1	39 - Powell	4		
20 - Granite					

Counties not served either by treatment or evaluation:

Daniels, Musselshell, Prairie, Sweet Grass, Treasure, Wheatland and Powder River.

<u>TYPE OF SERVICES PURCHASED FOR HCS MEDICAL CARE & EVALUATIONS</u>	<u>Number Purchased</u>
1. M.D. Office calls - Evaluation & Follow-Up Care	321
2. In-Patient Noninvasive Evaluation by M.D.	40
3. Surgery - M.D. Services	137
4. Anesthesiology, M.D.	108
5. Radiology/Ultrasound, M.D.	201
6. In-Patient Hospital Admit	130
7. Out-Patient - Surgical	21
8. Out-Patient - Diagnostic Studies	212
9. Orthodontics	53
10. Dental	43
11. Drugs/Formula	23
12. Oxygen	2
13. Appliances/Aids/Braces/Adaptive Equipment	91
14. Audiologist	1
15. Physical Therapist	17
16. Speech Therapy	14
17. Occupational Therapy	5
18. Psychological Tests	9
TOTAL SERVICES PURCHASED	1,428

Average Number of Services per Child = 2.69

Nurse-Assisted Newborn Transports = 59 \$4,935

<u>DIAGNOSTIC EVALUATION, LAB, X-RAY SERVICES PURCHASED BY HCS</u>	<u>Number of Children</u>
Neurology	5
Genetics	9
Scoliosis	8
Cystic Fibrosis	9
Cardiac	180
TOTAL	211

EVALUATION SERVICES

<u>CHC</u>	<u>Newborn Transports</u>	<u>Cleft Clinics</u>
Medical Clinic	75	St. Vincent's 28
Speech Clinic	50	MT Deac Med Ctr 21
Develop. Assess.	18	Msla. Comm. 8
Meylomenin.	17	St. James 2
Cleft	48	59
L & D	24	
Genetics	53	
	285	
		High Risk Infant Hearing Screens - Univ. of MT 294

School 32 (ages 2-13)

<u>Cardiac Services</u>
Wolfe 125 (2 clinics)
Ruttenberg 175 (2 clinics)
Mayo-Mil. City 22
HDC 261 (200 re-eval., 61 new)
583

<u>Pediatric Neurology</u>
Guggenheim (2 clinics)
46 = June
46 = Fall
92

<u>Ruttenberg</u>	<u>May</u>	<u>October</u>
Missoula	25	22
Helena	21	26
Butte	16	25
Bozeman	15	25
	71	98
TOTAL:	175	

<u>CDC</u>
Cleft 44
NBIC 43
*E & D 183
Scoliosis 66
330

*multiple agency funded

CLEFT PALATE PROGRAM

OVERVIEW OF SERVICES: FY 83, 84 and 85

PURPOSE: A child born with a cleft of the lip and/or palate faces years of interrelated treatment services in order to reduce the potential debilitating effects this anomaly may create. The facial disfiguration, associated ear, throat and nose disabilities and potential feeding problems can create a tremendous amount of stress for new parents. As the child continues to grow, speech, language and dental or orthodontic problems must be considered in treatment.

The Montana Cleft Lip and Palate Program has provided a multidisciplinary approach for a comprehensive evaluation and recommended treatment plan to all children with a clefting problem who reside within our State. This approach is a cost effective method to develop a complex treatment plan and reassess the child's growth and problems.

With proper treatment a child with a clefting problem can achieve good habilitation and has an excellent opportunity to become a productive adult.

This year (State FY 83), treatment dollars are being limited to assist with the cost of:

1. Initial lip closures;
2. Initial palate closures; and
3. Children in orthodontic care.

However, there are other areas of treatment which are of equal importance in providing treatment. They are as follows:

1. Surgical Revision of a Palate: Improves speech capabilities.
2. Bone Grafting: Assists in stabilization of teeth in the affected clefting area.
3. New Orthodontic Care: This treatment cannot be considered cosmetic because the child frequently does not have a functional bite. This affects the child's ability to eat properly and may seriously affect growth and development.
4. Revisions of the Original Lip and Nose Surgery: As the child's facial development proceeds the original closure may cause more disfiguration. As a result the child may suffer additional psychological trauma (unless a revision can be performed).
5. Repairing of Fistulas or Openings Which May Occur in the Palatal Area Due to Growth: If not repaired these openings can emphasize "funny" speech and make it very difficult to obtain good speech, and also may cause feeding problems.

Cleft Palate Program Overview (FY 83, 84 and 85)

Page 2

6. Dental Restoration and Bridges: A family anticipating rehabilitation costs for a child with a cleft of the palate, or lip and palate, may expect to spend \$65,000 in medical and related services over an 18-20 year period of time. The family has to find ways and means to pay for trips to the major medical sites to obtain evaluation and treatment services. Additional costs are incurred for room and board when the family accompanies a child for major surgery.

Insurance coverage can be very beneficial in covering the costs of surgery and speech therapy. Some families have good dental coverage. However, orthodontics is usually not covered.

A lower income family without health insurance benefits may find it very difficult to obtain the needed care.

IMPROVED PREGNANCY OUTCOME

The Improved Pregnancy Outcome Project is a federally funded project, originally intended to span five years of activities. However, changes at the federal level have reduced the duration to four years, 1983 being the fourth and final year of the project for Montana. The purpose of the project is to reduce maternal and infant mortality and morbidity.

Over the past three years Montana has received \$142,021 (FY1980), \$332,541 (FY1981) and \$396,500 (FY1982) in federal funds. Fiscal year 1983 has been funded at \$200,000, the maximum allowed by HHS, to cover activities from October 1, 1982 through September 30, 1983.

For the final year, the project will have two full time employees: a nurse coordinator and an administrative aide. Medical direction and decisions will be provided by the Medical Director of Field Health Services of the Dept. of Health and Env. Sciences. IPO interacts with other maternal and child health programs and is most directly related to the activities of the Handicapped Children's Program.

The project has a 23 member advisory committee which provides direction for the project. The committee is composed of physicians, nurses, public health officials, hospital administrators, a representative of Indian Health Services and a legislative member.

The goal of reduced maternal and infant mortality and morbidity has been addressed in three primary ways: 1) provision of funding for high risk pregnancy testing 2) provision of funding for high risk maternal and infant transport and 3) organization and provision of continuing professional education. All of these have had direct and positive effects on strengthening and expanding the concept of regional perinatal care in Montana. In addition, IPO has developed guidelines for perinatal care, recommendations for the provision of nutritional services in perinatal care, and guidelines for nursing care. The project has collected and analyzed information on all perinatal deaths in Montana for the last five years. The data collection allows for identification of problem areas and will provide an indepth analysis of risk factors specific to Montana.

During State Fiscal Year 1982 the IPO project funded 420 transports; 131 maternal and 289 infant. Of those transports, 19 mothers and 83 infants needed transport out of state, to Montana's Level III perinatal referral centers in Salt Lake, Denver and Seattle. The remainder were transported in-state, utilizing the available perinatal resources at Montana's five Level II centers at Billings, Great Falls, Butte, Missoula and Kalispell. During the same fiscal year, IPO provided funding for 272 high risk pregnancy testing episodes.

Continuing education sessions were provided for 143 nurses, four nutritionists and two therapists. In addition, the project covered the expenses for the main speakers at five regional or state-wide educational sessions, attended by over 200 hundred nurses and 50 physicians. IPO funded 14 outreach sessions, provided by the Level II hospitals for their referring hospitals in each of their regions. And IPO funded 19 nurses for week long preceptor experiences in the Level II centers. All outreach and preceptor education is arranged to enhance the regional ties of the Level II hospitals and their smaller referring hospitals.

Recent statistics having to do with maternal and infant mortality show a decrease in both maternal and infant deaths over the past five years. During 1977, there were 13,054 births, 183 infant deaths and one maternal death. In 1981, there were 13,999 births, 152 infant deaths, and no maternal deaths. The infant death rate has dropped from 13.8 per 1000 live births to 10.6 per 1000 live births.

Activities for the final year of the Improved Pregnancy Outcome Project will remain the same, with allowances to be made to accomodate the reduction in funds. The project will complete guidelines for follow up of high risk infants in conjunction with the Community Health Nursing program. Efforts will be made to assure the continuation of some of the IPO activities by means of local hospitals and other non-governmental agencies.

MONTANA CENTRAL TUMOR REGISTRY

In 1979 legislative action approved the development of the Montana Central Tumor Registry. Since that time the Registry has collected, abstracted, coded and analyzed the cancer information for 6,740 cases in Montana. This has been accomplished by means of the participation of all but one hospital in the state.

In 1981 the legislature passed Senate Bill 37, which again funded the Montana Central Tumor Registry. This bill also included mandating Cancer as a reportable disease. This was necessary in order to establish a population-based state registry to gather information on all cancer patients in Montana.

The Montana Central Tumor Registry is a member of the Rocky Mountain Cancer Data System (RMCDS), based in Salt Lake City. Membership in RMCDS allows Montana to utilize the central data processing capabilities of this system. As a result the Montana Central Tumor Registry distributes monthly reports to all participating hospitals which reflect their cancer patients' experience. In addition, the systematic follow up of cancer patients via their private physicians is assured through membership in RMCDS. Prompt and regular follow up of cancer patients allows for early detection and treatment of recurrent malignant disease, which is very common in cancer. Participation in the regional data system links Montana with a nationwide cancer patient surveillance program which provides vital information for research into the cause, treatment and eventually prevention of the dread disease.

The Montana Tumor Registry is designed to: 1)Provide a lifetime follow up of tumor patients 2) allow medical professionals to retrieve important date to analyze diagnostic patterns, treatment results, occurrence patterns and survival data for Montana cancer patients and 3) provide current information and education to medical professionals for continual improvement of cancer patient care.

DIABETES

The American Diabetes Association Montana Affiliate receives \$31,628 of the Preventive Health Services Block Grant to provide Diabetes Education in the schools. The primary thrust of this grant is to reach the teachers and school personnel, educating them in the basic information about diabetes, thus enabling them to work more comfortably with students with diabetes.

With the grant, one full-time and one part-time health educator were hired, a presentation was developed, materials gathered and prepared to leave at each school and the schools were contacted. The presentations were given across Montana. During the summer months when no school programs could be made, a mailing was prepared of useful information for educators regarding the diabetic students. Every school in Montana received this mailing.

A video is being prepared to be used in schools presenting this same basic education on diabetes -- what it is, what to expect of a student with diabetes, and how to work with that student daily in a school setting. This video will be available to all schools in Montana. The Health Educator is still visiting schools and personally presenting the information.

Statistical Summary

January 1, 1982 - June 30, 1982

Formal School Presentations	89
Counties	16
School Student Population Affected	32,541
Interest Group Formal Presentations	18
Estimated General Population Affected	30,000
Average Weekly Contacts Resulting From Grant	20 - 30

NUTRITION PROGRAM ADMINISTRATION
Fact Sheet
January 1983

The primary objective of the Nutrition Program in the Health Services Division is to incorporate nutrition services (surveillance, assessment, counseling, education, ongoing evaluation of the client's improvement, and provision of nutritious foods) into health programs of the division, other State departments and local agencies. The Nutrition Program seeks to improve the nutritional status of pregnant women, infants, children, adolescents, adults and the elderly through the provision of comprehensive nutrition services in programs such as Community Health Nursing, Handicapped Children's Services, Family Planning, Well Child, WIC, Child Care Food Program, Dental and the Health Promotion Education Program. Cooperation with other State agencies, universities, associations, councils and interest groups is ongoing.

The Nutrition Program staff includes nutritionists and financial management personnel. The staff provides technical assistance, consultation and training to state and local health professionals (dietitians/nutritionists, nurses, physicians, dentists, health educators, project directors, accounting personnel and others) to establish standards of nutrition care, assure provision of nutrition services by trained personnel, preparing and implementing nutrition service plans, issuing food vouchers and managing reimbursements. Research, on-site technical assistance, group training, written and telephone consultation are the primary methods used in accomplishing the work.

Nutrition services at the state and local level are funded by the U. S. Department of Health and Human Services, the U. S. Department of Agriculture and State sources.

The Nutrition Program includes the Supplemental Food Program for Women, Infants and Children (WIC) and the Child Care Food Program. These are described on an attached sheet.

Special Supplemental Food Program for
Women, Infants and Children (WIC)

State Fiscal Year 1982
October, 1982

The WIC Program provides low income, pregnant, postpartum and lactating women, children up to age four, at nutritional risk, with: 1) selected foods to supplement diets lacking in nutrients needed during this critical time of growth and development; 2) nutrition education and counseling to improve eating behaviors and to promote sound food buying habits; and 3) access to preventive health programs and referral to private and public health providers.

WIC Participants are served in 39 county programs and 7 Indian reservations. Approximately 10,538 clients were served each month in the period July 1, 1981-June 30, 1982. In this period, average monthly food dollars spent in 375 local food vendors equaled \$270,354.

Total cost of the program during July 1, 1981-June 30, 1982 is \$4,237,883. This includes \$201,023 for the State's administration of the program, only 4.7% of the total cost. Food costs equaled \$3,244,224. Administrative costs of local agencies equaled \$792,636 or 18.7% of the total cost.

We expect approximately the same federal allocation of food and administrative dollars for FY 83 as Montana received in FY 82. The WIC program is 100% federally funded. There are no state matching funds requested for maintaining this program.

Our priorities for the coming year are: 1) increase our services to more persons who qualify under high risk nutrition categories; 2) open new projects if additional administrative funds are available; and 3) revise staffing/participant caseload formula to efficiently maximize program personnel and operating costs.

Yvonne

CHILD NUTRITION PROGRAM
September, 1982

The Child Nutrition Program (CNP) provides cash reimbursement for meals (breakfasts, lunches, supper and snacks) meeting specific nutritional requirements to children enrolled in licensed or approved child care centers, Head Start Program, day care homes and outside-school-hours programs; and provides technical assistance in areas of program operations, nutrition and food service.

During the 12 month period July 1, 1981 through June 30, 1982, \$1,461,743 was reimbursed to participants in the program, with 2,549,645 meals served to 7,785 children in 25 counties.

There were 107 day care centers with an enrollment of 5,372 and 338 day care homes with an enrollment of 2,413 participating in the program.

The Food Service Equipment Assistance program was terminated October 1, 1981. No sponsors of day care homes received funds for Start Up activities.

Total cost of the program July 1, 1981 - June 30, 1982 is \$1,718,616. This includes \$91,739 for the State's administration of the program, only 5% of the total cost. Food costs equal 85%, and administrative costs for sponsors of day care homes equal 10%.

During this period the State staff has provided three training meetings for sponsors of day care homes, six training meetings for day care center operators, and 36 on-site consultations.

YODINE

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
 Health Services Division
 Child Nutrition Program
 Status Report: July 1, 1981 - June 30, 1982

County	Beaver-head	Big Horn	Blaine	Carbon	Cascade	Custer	Dawson
Number of Centers	1	5	3	1	9	1	1
Number of Homes					65		6
Total Meals Served	8,415	75,361	31,218	6,441	414,268	9,433	25,952
Total \$ Paid	\$3,516	49,334	20,858	2,143	259,066	5,571	15,527
Licensed Capacity	30	225	132	28	903	42	52
Enrollment	30	238	138	48	1,620	30	72
Average Daily Attendance	20	173	93	19	644	14	48
Meals Served:							
Breakfast		24,210	8,766	462	83,849	2,621	5,248
Lunch		3,756	25,211	12,770	2,457	132,221	3,373
Snack		4,659	25,940	9,682	3,522	176,591	3,439
Supper					21,607		913
Meals Served by Income Category:							
Free	1,069	67,285	22,358	1,041	341,641	7,222	18,868
Reduced	4,735	5,672	6,473	2,665	41,076	941	750
Paid	2,611	2,404	2,387	2,735	31,551	1,270	6,334
Centers:							
Food \$ Paid	3,516	49,334	20,858	2,143	79,381	5,571	2,550
Average Daily Attendance	20	173	93	19	318	14	13
Average Yearly Payment Per Child Attending	175	219	158	112	249	398	196
Homes:							
Food \$ Paid					149,152		10,198
Sponsor Admin. \$					30,533		2,779
Average Daily Attendance					326		35
Average Yearly Payment Per Child Attending					551		370
Average Yearly Payment Per Home					2,764		2,162

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
 Health Services Division
 Child Nutrition Program
 Status Report: July 1, 1981 - June 30, 1982

County	Deer	Flathead	Gallatin	Glacier	Hill	Lake	Lincoln
	Lodge						(3 months only)
Number of Centers	2	2	6	7	3	9	1
Number of Homes		40	28				
Total Meals Served	14,630	152,485	190,813	172,209	36,563	57,414	3,650
Total \$ Paid	10,541	103,985	111,019	144,531	20,542	38,375	1,736
Licensed Capacity	88	653	353	790	119	177	30
Enrollment	79	452	471	801	137	206	30
Average Daily Attendance	64	231	302	381	97	143	20
Meals Served:							
Breakfast	3,305	34,968	38,925	37,753	10,219	14,074	763
Lunch	7,169	52,057	65,135	55,619	14,440	22,654	1,112
Snack	4,156	58,287	78,355	37,253	12,204	20,237	1,775
Dinner		7,173	8,398	41,584		449	
Meals Served by Income Category:							
Free	12,232	140,990	130,073	164,403	18,002	47,309	
Reduced	792	2,975	37,711	4,748	13,673	7,637	3,650
Paid	1,606	8,520	23,029	3,058	4,888	2,468	
Centers:							
Food \$ Paid	10,541	18,967	34,089	144,531	20,542	38,375	1,736
Average Daily Attendance	64	76	149	381	97	143	20
Average Yearly Payment Per Child Attending	164	250	229	379	212	268	87
Homes:							
Food \$ Paid		66,775	63,431				
Sponsor Admin. \$		18,243	13,499				
Average Daily Attendance		155	153				
Average Yearly Payment Per Child Attending		548.	502				
Average Yearly Payment Per Home		2,125	2,747				

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
 Health Services Division
 Child Nutrition Program
 Status Report: July 1, 1981 - June 30, 1982

County	Lewis & Clark	Meagher	Missoula	Mussel-shell	Powell	Ravalli	Richland
Number of Centers	4	1	19	-	1	5	1
Number of Homes	31	-	62	7			
Total Meals Served	182,778	7,699	465,415	20,614	12,251	31,394	12,484
Total \$ Paid	122,718	4,256	280,332	14,953	4,310	17,412	3,177
Licensed Capacity	527	20	1,040	33	35	150	20
Enrollment	435	14	1,046	61	37	141	26
Average Daily Attendance	314	12	720	33	24	82	20
Meals Served:							
Breakfast	45,840	1,496	111,837	4,718		7,325	2,789
Lunch	65,452	2,830	157,139	5,105	4,788	12,690	4,542
Snack	68,032	3,373	180,128	8,192	7,463	10,682	5,153
Supper	3,454	-	16,311	2,599		697	
Meals Served by Income Category:							
Free	156,113	4,005	324,909	20,614	1,282	19,484	2,505
Reduced	9,928	2,045	75,444	-	5,710	2,483	723
Paid	16,737	1,649	65,062	-	5,259	9,427	9,256
Centers:							
Food \$ Paid	49,771	4,256	139,697	-	4,310	17,412	3,177
Average Daily Attendance	170	12	467	-	24	82	20
Average Yearly Payment Per Child Attending	293	355	299	-	180	212	159
Homes:							
Food \$ Paid	56,497		109,948	11,972			
Sponsor Admin. \$	16,450		30,687	2,981			
Average Daily Attendance	144		253	33			
Average Yearly Payment Per Child Attending	506		555	453			
Average Yearly Payment Per Home	2,353		2,268	2,136			

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
 Health Services Division
 Child Nutrition Program
 Status Report: July 1, 1981 - June 30, 1982

County	Roosevelt	Rosebud	Silver Bow	Yellow-Stone	TOTAL
Number of Centers	6	7	3	9	
Number of Homes			28	71	338
Total Meals Served	49,330	33,402	149,830	385,596	2,550,645
Total \$ Paid	34,413	21,015	101,633	235,914	1,626,877
Licensed Capacity	235	320	365	868	7,236
Enrollment	213	141	413	906	7,785
Average Daily Attendance	150	110	359	584	4,657
Meals Served:					
Breakfast	13,228	9,378	35,734	89,713	587,221
Lunch	22,317	11,301	49,539	121,501	864,650
Supper	13,785	12,723	54,833	155,328	965,811
Supper			9,724	19,054	131,963
Meals Served by Income Category:					
Free	39,167	26,871	119,499	304,420	1,991,362
Reduced	5,980	5,253	20,185	47,939	309,188
Paid	4,183	1,278	10,146	33,237	249,095
Centers:					
Food \$ Paid	34,413	21,015	33,781	50,694	790,660
Average Daily Attendance	150	110	200	255	3,070
Average Yearly Payment Per Child Attending	229	191	169	199	259
Homes:					
Food \$ Paid			53,193	149,917	671,083
Sponsor Admin. \$			14,659	35,303	165,134
Average Daily Attendance			159	329	1,587
Average Yearly Payment Per Child Attending			426	563	527
Average Yearly Payment Per Home			2,423	2,608	2,474

	Ac	Substrate	D ₅₀	D ₉₀	D ₉₅	D ₉₉
SITE.	84	85	84	85	84	85
Schools	78094	77595	12692	11762	112791	112945
Buses	10917	11007	17172	3110	21151	24387
Habitats	3648	3649	560	239	560	560
Total Land 1	92659	92650	14337	25732	205102	205102
Caves, Dens	11239	11964	7102	3240	3240	3240
Sup. Areas	13164	13209	1357	14232	14232	14232
Canals	8204	9469	2264	2264	2264	2264
Total	10126	10877	4125	47879	20174	20174
Streams	1849	1860	391	414	414	414
Airlines						
Programs	143	201	14	19	174	174
Outlines	162	792	292	494	3925	3925
Total Cerv	46089	51184	15652	16257	16257	16257
Expend.						
Total Land	-	-	-	-	-	-
Total Financial	19180	19197	3465	511000	122455	141584
Total Programs	158728	162835	34094	92382	93243	9970165
Funding						
General	21019	21903	495	1199	35338	1130236
Dissemin.	131706	140932	203954	208165	19002	1238527
Model Co.						
Pub. Outreach						
Health Prom. Soc.						
Mktg.						

1984 →

OLD

MCH

PR

	Administration	Maternal & Child Health	Handicapped (MCH)	Child Nutrition
--	----------------	----------------------------	----------------------	--------------------

File

5.0

9.5

4.0

3.0

p/l's (approximate)

154320

257827

86404

(4682)

contract services

67493

40289

565242

10731

supplies

12031

6992

2158

1278

1.006

communications

6931

6460

70451

3407

3.06

travel

6403

14660

25380

8105

0

rent

8276

15900

3761

2927

1

utilities

—

—

—

—

2

repair

469

921

593

—

3

other

620

11191

918

225

operating expense

102223

86913

581680

26723

equip

378

—

—

grants

—

644292

—

1823410

total

256921

989022

668084

1919821

01100 general fund

256921

256058

341038

—

03026 categorical

—

—

—

—

03027 USDA

—

—

—

1919821

03029 title 20

—

—

—

—

03030 preventive block

—

—

—

—

03031 MCH block

732964

327046

—

—

total

256921

989022

668084

1919821

CAM

OLD

WIC	Family Planning	Newborn transport	Dental	Sub total	Tumor registry	Hypertension
60	4,0	—	2,0	33,5	115	0,5
123,59	91404	—	70863	653569	36743	16764
10,0484	29848	60000	2438	884982 ✓	14161	2968
33,63353	901		1478	3393191 ✓	59	865
5587	5062		2759	38257 ✓	2437	—
1,408	8288		6817	59219 ✓	2756	—
5945	3876		1939	42644 ✓	—	—
—	—	—	—	—	—	—
151	159		—	2248 ✓	21	—
108129	1113		498	14844	568	—
35,2664	49253	60000	15929	4435385 ✓	20002	3833
—	—			378	—	—
953229	7841647		—	4205574	—	57826
4583952	925304	60000	86792	9494896 ✓	56745	78473
—	25787	—	48607	928411	56745	
667437	50000			217437		
4583952	232080	10000	38185	6508773		
				232080		
				48185		
				1060,010		
45066952	925304	60000	86792	9494896 ✓	56745	78473

COMMUNICABLE DISEASE PROGRAM -

12	13	14	15	16	17	18
Diseases	VD	Vaccination Healthcare Risk Reduc	Subtotal	Total 1984	Total 1985	
0	2.2	3.8	0.5	8.5	42.0	42.0
SG263	103111	16764	259645	1083204	1052339	
-	4028	11299	7102	34548	1924530	980002
-	1136	5817	602	8479	3401670	3605770
-	6305	8944	2453	20144	59401	43329
-	478	7791	3094	17779	26998	80078
-	11939	1847	393	4179	46823	46452
-	-	-	-	-	-	
-	-	102	28	151	2349	2543
-	269	1697	392	2926	17770	18236
10	17855	37447	14069	93206	4526591	4802010
-	-	-	-	-	348	0
34157	6164	10180	3465	120842	4326716	4326716
34157	80282	159738	34298	443693	19938589	10211165
-	-	-	-	-	-	
12088	22172		91005	1012416	1047360	
48194	137566		205760	323197	948516	
-	-	-	-	6508223	687281	
34157		34298	146928	195113	200467	
-	80282	159738	34298	443693	19938589	10211165

6

Chairman Schontz, Senators and Representatives of this Committee, I am Dee Capp, Program Supervisor for the Handicapped Children's Services, the Cleft Lip and Palate Program and the Cardiac Program. At this time I will address the Handicapped Children's Services segment.

Handicapped Children's Services is a direct patient service program. It's purpose is to provide access to evaluation and treatment services which significantly increase the child's prospects for a productive life. A chronic physical handicap usually requires extensive, prolonged treatment.

The following are some of the conditions which are covered by Handicapped Children's Services: congenital heart disease, clubfeet, congenital deformity of the hip and other congenital orthopedic problems. There are, obviously, other conditions which are covered.

The Maternal Child Health Block Grant funds are utilized by Handicapped Children's Services to provide the diagnostic evaluations and treatment services to children from birth to 18. A medical and financial eligibility schedule is utilized by Handicapped Children's Services for determining who will receive financial assistance for treatment services.

In State FY '82, Handicapped Children's Services assisted 1,681 children in obtaining evaluation services and 319 children in receiving treatment.

The budget proposal for Handicapped Children's Services is to maintain services at current level.

If you have questions, at the request of the Chair, I will respond. Budget questions should be directed to Mr. Hoffman.

Jan 17, 1983

January 17, 1983

TESTIMONY

MATERNAL & CHILD HEALTH BLOCK GRANT

Chairman Shontz, Senators and Representatives of the committee, I am Yvonne Sylva, administrative officer for the Health Service Programs. I will present an overview of the Maternal and Child Health Block Grant and its proposed use in Montana.

At the conclusion of the presentation Dr. Pratt, Medical Director, myself and Dee Capp, program supervisor for the Handicapped Children's Program, will respond, at the request of the chairman, to any questions you may have.

The 1981 Special Legislative Session designated the Montana State Department of Health and Environmental Sciences to administer the block grant. The primary purpose of the MCH block grant is to provide education, diagnostic, treatment and counseling services to the maternal and child population.

You each have received a packet of information about the block grant and how it is used in Montana.

Program priorities to receive funding were set by the Department and approved by the Special Legislative Session. These priorities were implemented July 1, 1982. The request for spending authority as presented

in the biennium budget is to continue the current priorities of aid to counties and payment for medical services provided to low income handicapped children that have no other resources such as insurance.

The level of funding requested is based on receiving \$1,379,481. Ten percent of the total received is allocated to the Director's office for administrative costs.

Should additional funding be made available it is proposed that direct aid to the counties be increased.

The Block Grant has a match requirement of three to four. This means that for every three state dollars expended, four federal dollars may be received up to an amount set by the Department of Health and Human Services.

Prior to implementation of the Block Grant on July 1, seven counties received MCH funds on an annual basis. Even though funding in the block is less, the relaxation of many federal regulations, and reorganization and consolidation at the state level has enabled funds to be distributed to all fifty-six counties. These funds have allowed counties the freedom to set their own priorities based on need to develop or expand health care programs for low income women and children.

The funds are distributed to counties based on the following formula:

1. The number of women of child bearing age (15-44)
2. Number of children (0-18)
3. Application of a weighting factor for counties with a population of under 5,000

Please refer to page three of the handout. This chart indicates the current (SFY83) distribution of maternal and child health funds, by county and states the purpose for which they are being used. The total amount available is \$900,000. In addition, \$40,442 was distributed to counties providing well-child services.

The biennium budget request for aid to counties is \$786,451 a 13% decrease from current level. In addition, no funds will be earmarked for well-child services. The last two pages of the handout material show how the \$786,451 would be distributed. Funds are administered by county commissioners in 49 of the counties and health departments in the seven more populated counties. In most cases commissioners have designated public health nurses to implement the maternal and child health services under the block grant.

The other program priority for funding from the Block Grant is medical services to handicapped children. Dee Capp, Program Supervisor, will present an overview of the program.

Again, at the completion of her testimony, Dr. Pratt, myself and Dee, at the request of the chair, will respond to questions you may have. Budgetary questions should be directed to Mr. Hoffman.

January 17, 1983

Chairman Shontz, Senators and Representatives of this Committee, I am Robert Moon, manager of the Hypertension and Health Education-Risk Reduction Programs in the Dental and Health Education Bureau of the Health Services Division. The two programs are totally supported by monies from the Preventive Health Block Grant, and employ one full time employee.

The goal of the Hypertension Program is to provide the establishment and maintenance of preventive health services aimed at reducing the risks of death, disease, and disability associated with uncontrolled high blood pressure.

The major components of the program include:

- 1) high blood pressure screening, detection,
referral and followup
- 2) public and professional education
- 3) continuing assessment of the effectiveness
of hypertension control in the community.

The Department of Health and Environmental Sciences allocated Hypertension Grants to thirty-four health providers including local health departments, aging services, and Indian alliances. We also provide technical assistance and support to numerous other providers who are helping to coordinate community hypertension control programs, such as public health nurses, voluntary health agencies, professional societies, and industry.

The program encourages the development of services which offer to provide innovative approaches to reaching high risk groups; establish local protocol

for referral; medical support and involvement; data collection; and commitment to long-term maintenance of their hypertensive population.

We anticipate increasing the percentage of known hypertensives under adequate therapy from 41 per cent in 1979 to 50 per cent in 1983, and 54 per cent in 1984. We also anticipate a decrease in the percentage of hypertensives not aware of their high blood pressure from 29 per cent in 1979 to 21 per cent in 1983, and 19 per cent in 1984.

The goal of the Health Education-Risk Reduction Program is to establish a statewide focal point for health promotion activities which voluntarily allow Montanans to consider replacing undesirable lifestyle behaviors, aimed at reducing the morbidity and mortality of chronic disease.

The major components include:

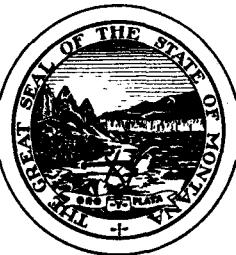
- 1) updating and maintenance of an inventory of existing health education/risk reduction activities ongoing in the state.
- 2) maintenance of working liaisons directed at developing cooperative strategies with voluntary health organizations, professional organizations, and consumer groups.
- 3) development of chronic disease risk factor prevalence through surveillance systems.
- 4) provision of technical and management assistance to communities to establish, maintain and improve an organized approach to health education-risk reduction.

The program is working in cooperation with local health departments, hospitals, insurance companies, federal and state agencies, universities, voluntary health organizations, health clubs, senior centers, civic groups, health planning systems, and similar programs who are developing and implementing health education-risk reduction programs statewide. We encourage the necessary planning to adequately support behavior conducive to health through a combination of educational, organizational and environmental activities.

In conclusion, I would be happy to respond to any questions that you may have. Budgetary questions should be directed to Mr. Hoffman.

January 17, 1983

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES



TED SCHWINDEN, GOVERNOR

COGSWELL BUILDING

STATE OF MONTANA

HELENA, MONTANA 59620

MEMORANDUM

TO: Human Services Committee
John Shontz, Chairman

FROM: George M. Fenner, Administrator
Health Services and Medical Facilities Division

DATE: January 13, 1983

SUBJECT: Appropriation Hearing on the
Maternal and Child Health Block Grant

The Montana State Department of Health and Environmental Sciences was authorized by the Special Legislative Session to administer the Maternal and Child Health Block Grant.

Maternal and Child Health (Title V) regulations require a three for four dollar match. In other words, for every three dollars the state spends on maternal and child health services, the federal government will reimburse four dollars, up to a set amount. The SFY 84 and 85 budget is based on projected funding of \$1,379,481 each year.

The Maternal and Child Health Block Grant is presently allocated to two areas:

- 1) aid to counties
- 2) payment for evaluation and treatment services for handicapped children.

You will find attached basic information about the Maternal and Child Health Block Grant and its use in Montana.

Yvonne Sylva, former Administrative Officer for the Health Services Program will make a formal presentation to the committee on the Maternal and Child Health Block Grant.

If you have any questions prior to the hearing you may call me at 449-2037 or Yvonne Sylva at 449-4740.

GMF/ma
Attachments

MATERNAL AND CHILD HEALTH
BLOCK GRANT

The Maternal and Child Health Block Grant is administered by the Health Services Division of the Montana State Department of Health and Environmental Sciences. Funding for the block grant in FY 84 and FY 85 was estimated at \$1,379,481 per year, while current funding under the continuing resolution is \$1,476,654.

For purposes of expenditures the MCH Block Grant is divided into two major areas:

1. Aid to counties -- The provision of quality preventive health care services for mothers and children.
2. Medical payments for income eligible handicapped children.

Aid to the 56 counties is determined by:

1. The number of dollars available;
2. The number of women of child-bearing age (15-44) in each county;
3. The number of children 0-18; and
4. A weighted factor for rurality is applied.

County commissioners administer the block grant in forty-nine of the counties. The major health departments administer the grant in the remaining seven counties. Attached is a listing of the MCH Block Grant distribution for SFY 82.

MATERNAL AND CHILD HEALTH BLOCK GRANT FUNDS

Amount	Purpose
\$ 8,838	Equipment - Education materials - F.P. - Child Abuse workshop - Health Fair
12,341	Dental care - Parenting classes - Nutrition education
7,868	F.P. - Equipment - AV's - Education - Training
7,362	Well Child
8,536	Pre-natal Education - Parenting classes - Audio/visual equipment
3,469	F.P. - Child screening - Education - Natural Family Planning
90,113	Multiphasic health screening
6,805	Well Child - Pre-natal Education
14,296	Parenting classes - WCC - Genetics - F.P. - Vision assistance
5,657	NO APPLICATION RECEIVED
12,910	Dental care - AV's - F.P. - Parenting classes - Immunizations - Visual assistance
13,696	Education - Well Child - Abuse - Referral and follow-up
7,567	Pre-natal - Immunization - Education for children - Hypertension
14,073	F.P. - Teen Pregnancy Programs - STD Program - MCH education
56,132	Dental - F.P./WIC supplemental funds - Pre-natal education
46,033	Parenting classes - Pre-natal classes - car seat loan prg. - purchase services - accident prevention
3,240	Pre-school screenings - Immunization - WCC
12,332	Dental screening evaluations - Nutrition - Educational AV's
2,006	F.P. - Immunization and child health services
5,244	WCC - Pre-natal and Parenting classes - Immunization
20,101	Nursing assessments - F.P. - Health education
8,059	Contract with Lewis & Clark for Well Child
5,216	Community/School Health education - F.P. services from Lewistown
20,367	Pre-natal - F.P. - Education - Dental care - Educational materials
46,428	WCC
4,819	Pre-natal education
19,427	Adolescent Pregnancy Project - F.P.
5,392	Equipment/education - Purchase F.P. services
5,749	See Deer Lodge County
4,262	Immunization - F.P. (Lewis & Clark) - WIC
7,541	Immunization - Health education for MCH - Parenting - Child Abuse - F.P.
80,730	WCC - Adolescent Pregnancy - Nutrition education
8,707	Immunization - Cancer screening - Women (18-44) health clinics
13,440	WCC - Comprehensive Health Care
1,330	F.P. (Fergus) - WCC
5,768	AV's - Education - Lamaze training - High risk nursing visits - WCC
7,476	School nutrition education - Titmus machine
5,104	Dental - F.P. - Parenting - Equipment
7,484	See Deer Lodge County
3,569	School nursing equipment - Pre-natal education - Immunizations
23,594	F.P. - WCC
13,022	F.P. - Family management - Parent involvement - Orthopedic & genetic counseling
11,757	Screening clinics - WCC - Immunizations - AV materials, Dental - Health Education
11,128	WCC - Immunization - Pre-natal classes - AV's - F.P.
9,390	School nursing & education - Well Child - Equipment
5,757	AV Equipment - Immunizations - health/dental screenings - BP cuffs
40,477	Continue current level services - F.P. - Genetic - Dental - Post Partum care
5,944	Dental rinse/education - Immunization - Pre-natal/post partum visit/education - Nutrition
6,057	Immunization - WCC - Pre-natal classes - Home visits - Dental - Education
7,018	Education curriculum - Well Child equipment c.o. for Well Child next year
5,957	Dental - Education & treatment
2,085	Well Child screenings
12,109	F.P. - Pre-natal - WCC - Dental education/treatment - High risk pregnancy visits/follow-up
4,536	F.P. (Fergus) - Immunization
2,963	AV's - F.P. - Nutrition education - Dental - Screening - Immunization
112,713	M & I Project

(D) by amending paragraph (2) of subsection (a) to read as follows:

"(2) in the case of Puerto Rico, the Virgin Islands, and Guam, an amount equal to one-half of the total of the sums expended during such quarter as old-age assistance under the State plan, not counting so much of any expenditure with respect to any month as exceeds \$37.50 multiplied by the total number of recipients of old-age assistance for such month; plus; and

(C) by striking out subsection (d).

(5) Section 6 of such Act is amended by striking out subsections (b) and (c).

(b)(X) Section 408 of such Act is amended—

(A) by striking out "including expenditures for premium" and all that follows through "the cost thereof" in subsection (a)(X) in the matter before subparagraph (A);
(B) by striking out "plus (ii)" and all that follows through "clause (i) or (ii)" in subsection (a)(X)(A) and inserting in lieu thereof "plus (ii) the number of individuals, not counted under clause (i); and
(C) by striking out "including expenditures" and all that follows through "the cost thereof" in subsection (a)(X).

(2) Section 406 of such Act is amended—

(A) by striking out "or (if provided" and all that follows through "under State law in behalf of," and "or medical care or any type of remedial care recognized under State law" in subsection (b) in the matter preceding subparagraph (A), and (B) by inserting "for which such individual is not entitled to medical assistance under the State plan under title XIX" in subsection (e)(X)(A) after "recognized under State law".

(c)(X) Sections 1001 and 1401 of such Act are each amended by striking out "and of encouraging each State" and all that follows through "self-care".

(2) Sections 1003(a) and 1403(a) of such Act are each amended—

(A) by striking out paragraph (1), and
(B) by striking out "including expenditures for" and all that follows through "the cost thereof" in paragraph (2).

(3) Sections 1006 and 1405 of such Act are each amended by striking out "or (if provided" and all that follows through "under State law in behalf of," in the matter before paragraph (1).

(d)(X) The amendments made by this subsection are to the title XVI of the Social Security Act which only applies in the case of Puerto Rico, Guam, and the Virgin Islands under section 303(d) of the Social Security Amendments of 1972 (Public Law 92-603).

(2) The heading of such title is amended—

(i) Section 1601 of such title is amended—
(A) by striking out "(a)" the first place it appears in the first sentence,

(B) by striking out "(b) of enabling" and all that follows through "or self-care" in the first sentence, and
(C) by striking out "or aid to the aged, blind, or disabled and medical assistance for the aged" in the second sentence.

(ii) Section 1602 of such title is amended—
(A) by striking out "or for such aid and medical assistance for the aged" in the heading;

(B) by striking out "or for aid to the aged, blind, or disabled and medical assistance for the aged" in subsection (a) in the matter before paragraph (1);
(C) by inserting "and" at the end of paragraph (1) of subsection (a);
(D) by striking out the semicolon at the end of paragraph (1) of subsection (a) and inserting in lieu thereof a period;
(E) by striking out paragraphs (15), (16), and (17) of subsection (a);
(F) by striking out "or for aid to the aged, blind, or disabled and medical assistance for the aged" in the second sentence of subsection (a);

(G) by striking out "(A) in the case of applicants for aid to the aged, blind, or disabled" in subsection (b)(2);
(H) by striking out "and (B)" and all that follows through "who resides in the State" in subsection (b)(2); and
(I) by striking out "or for aid to the aged, blind, or disabled and medical assistance for the aged" each place it appears in the third sentence of subsection (b).

(5) Section 1603 of such title is amended—
(A) by striking out paragraphs (1) and (9) of subsection (a);
(B) by striking out "including expenditures for premium" and all that follows through "cost thereof" in paragraph (2)(A);
(C) by striking out "the larger of the following amounts: (i)" " (II)", and " or (II)" and all that follows before the semicolon, in paragraph (2)(B); and
(D) by striking out subsection (d).

(6) Section 1605 of such title is amended—
(A) by striking out "or (if provided" and all that follows through "under State law in behalf of" in subsection (a) in the matter before paragraph (1), and
(B) by striking out subsection (b).

Subtitle D—Maternal and Child Health Services Block Grant

SHORT TITLE OF SUBTITLE

SEC. 2191. This subtitle may be cited as the "Maternal and Child Health Services Block Grant Act".

MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT

SEC. 2192. (a) Title V of the Social Security Act is amended to read as follows:

"TITLE V—MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT

AUTHORIZATION OF APPROPRIATIONS

"SEC. 501. (a) For the purpose of enabling each State—
"(i) to assure mothers and children, in particular those with low income or with limited opportunity of health services,
access to quality maternal and child health services—

the case of fiscal year 1982, and an amount equal to 10 percent thereafter, for the purpose of carrying out (through grants, contracts, or otherwise) special projects of regional and national significance, training, and research and for the funding of genetic disease testing, counseling, and information development and dissemination programs and comprehensive hemophilia diagnostic and treatment centers. The authority of the Secretary to enter into any contracts under this title is effective for any fiscal year only to such extent or in such amounts as are provided in appropriations Acts.

"(2) For purposes of paragraph (1)—

"(A) amounts retained by the Secretary for training shall be used to make grants to public or nonprofit private institutions of higher learning for training personnel for health care and related services for mothers and children; and
"(B) amounts retained by the Secretary for research shall be used to make grants to, contracts with, or jointly financed cooperative agreements with, public or nonprofit institutions of higher learning and public or nonprofit private agencies and organizations engaged in research or in maternal and child health or crippled children's programs for research projects relating to maternal and child health services or crippled children's services which show promise of substantial contribution to the advancement thereof.

"(3) No funds may be made available by the Secretary under this subsection unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and containing and accompanied by such information as the Secretary may specify. No such application may be approved unless it contains assurances that the applicant will use the funds provided only for the purposes specified in the approved application and will establish such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement and accounting of federal funds paid to the applicant under this title.

"(4) The Secretary shall determine, for each State—

"(A) the amount provided or allotted by the Secretary to the State and to entities in the State under the provisions of section 501(a) for any fiscal year, the Secretary shall allot to each State which has transmitted a description of intended activities and statement of assurances for the fiscal year under section 503, an amount determined as follows:

"(i) The proportion that such amounts appropriated under section 501(a) from the remaining amounts appropriated under section 501(a) for any fiscal year, the Secretary shall allot to each State which has transmitted a description of intended activities and statement of assurances for the fiscal year under section 503, an amount determined as follows:

"(ii) the proportion that such amounts for that State bears to the total of such amounts for all the States, and
"(iii) the number of low income children in the State, and

State bears to the total of such numbers of children for all the States.

"(5) To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children successfully educated, and to appropriately immunize against disease and the number of low-income children receiving health assessments and follow-up di-

agnosis and treatment services, and otherwise to promote the health of mothers and children (especially by providing preventive and primary care services for low income children, and pre-natal, delivery, and postpartum care for low income mothers),

"(6) provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI of this Act, and

"(7) provide services for locating and for medical, surgical, corrective and other services, and care for, and facilities for diagnosis, hospitalization, and aftercare for, children who are crippled or who are suffering from conditions leading to crippling;

and for the purpose of enabling the Secretary to provide for special projects of regional and national significance, research, and training with respect to maternal and child health and crippled children, for genetic disease testing, counseling, and information development and dissemination programs, and for grants relating to hemophilia (without regard to age), there are authorized to be appropriated \$873,000,000 for fiscal year 1982 and for each fiscal year thereafter.

"(B) For purposes of this title:

"(1) The term 'consolidated health programs' means the grants administered under the provisions of—

"(A) this title (relating to maternal and child health and crippled children's services);

"(B) section 1615(c) of this Act (relating to supplemental security income for disabled children);

"(C) sections 316 (relating to lead-based paint poisoning prevention programs), 1101 (relating to genetic disease programs), 1121 (relating to sudden infant death syndrome programs) and 1131 (relating to hemophilia treatment centers) of the Public Health Service Act, and

"(D) title IV of the Health Services and Centers Amendments of 1978 (Public Law 95-626; relating to adolescent pregnancy grants).

as such provisions were in effect before the date of the enactment of the Maternal and Child Health Services Block Grant Act.

"(2) The term 'low income' means, with respect to an individual or family such an individual or family with an income determined to be below the nonfarm income official poverty line defined by the Office of Management and Budget and revised annually in accordance with section 624 of the Economic Opportunity Act of 1964.

APPENDIX TO STATE AND FEDERAL STATEMENT

"(C) Of the amount appropriated under section 501(a),

"(2)(A) For each of fiscal years 1982 and 1983, each such State shall be allotted for that fiscal year an amount equal to the State's proportion (determined under paragraph (1)(A)(ii)) of the amounts available for allotment to all the States under this subsection for that fiscal year.

"(B) For fiscal years beginning with fiscal year 1984, if the amount available for allotment under this subsection for that fiscal year—

- "(i) does not exceed the amount available under this subsection for allotment for fiscal year 1983, each such State shall be allotted for that fiscal year an amount equal to the State's proportion (determined under paragraph (1)(A)(ii)) of the amounts available for allotment to all the States under this subsection for that fiscal year, or
- "(ii) exceeds the amounts available under this subsection for allotment for fiscal year 1983, each such State shall be allotted for that fiscal year an amount equal to the sum of—

"(I) the amount of the allotment to the State under this subsection in fiscal year 1983 (without regard to paragraph (2) of this subsection), and

"(II) the State's proportion (determined under paragraph (1)(B)(ii)) of the amount by which the allotment available under this subsection for all the States for that fiscal year exceeds the amount that was available under this subsection for allotment for all the States for fiscal year 1983.

"(3)(A) To the extent that all the funds appropriated under this title for a fiscal year are not otherwise allotted to States either because all the States have not qualified for such allotments under section 505 for the fiscal year or because some States have indicated in their descriptions of activities under section 505 that they do not intend to use the full amount of such allotments, such excess shall be allotted among the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this subparagraph.

"(3)(B) To the extent that all the funds appropriated under this title for a fiscal year are not otherwise allotted to States because some State allotments are offset under section 506(b)(2), such excess shall be allotted among the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this subparagraph.

"PAYMENTS TO STATES

"SEC. 503. (a) From the sums appropriated therefor and the allotments available under section 503(b), the Secretary shall make payments as provided by section 203 of the Intergovernmental Cooperation Act of 1968 (42 U.S.C. 4213) to each State provided such an allotment under section 502(b), for each quarter, of an amount equal to four-tenths of the total of the sums expended by the State during such quarter in carrying out the provisions of this title.

such year shall remain available to such State for obligation during the next fiscal year. No payment may be made to a State under this title from allotments for a fiscal year for expenditures made after the following fiscal year.

"USE OF ALLOTMENT FUNDS

"SEC. 504. (a) Except as otherwise provided under this section, a State may use amounts paid to it under section 503 for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its description of intended expenditures and statement of assurances transmitted under section 505.

"(b) Amounts described in subsection (a) may not be used for—

- "(1) inpatient services other than inpatient services provided to crippled children or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve;
- "(2) cash payments to intended recipients of health services;
- "(3) the purchase or improvement of land, the purchase, construction, or permanent improvements (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment;
- "(4) satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or
- "(5) providing funds for research or training to any entity other than a public or nonprofit private entity.

The Secretary may waive the limitation contained in paragraph (3) upon the request of a State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will assist in carrying out this title.

"(c) A State may use a portion of the amounts described in subsection (a) for the purpose of purchasing technical assistance from public or private entities if the State determines that such assistance is required in developing, implementing, and administering programs funded under this title.

"(d) The Secretary, at the request of a State, may reduce the amount of payments under subsection (a) by—

- "(1) the fair market value of any supplies or equipment furnished the State, and
- "(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the State and the amount of any other costs incurred in connection with the detail of such officer or employee.

when the furnishing of supplies or equipment or the detail of an officer or employee is for the convenience of and at the request of the State and for the purpose of conducting activities described in section 505 on a temporary basis. The amount by which any payment is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment or in detailing the personnel, on which the reduction of the payment is based, and the amount shall be deemed to be part of the payment and shall be carried in have been paid to the State.

"DESCRIPTION OF INTENDED EXPENDITURES AND STATEMENT OF ASSURANCES

"Sec. 505. In order to be entitled to payments for allotments under section 502 for a fiscal year, a State must prepare and transmit to the Secretary—

"(1) a report describing the intended use of payment—the State is to receive under this title for the fiscal year, including (A) a description of those population areas and localities in the State which the State has identified as needing maternal and child health services, (B) a statement of goals and objectives for meeting those needs, (C) information on the types of services to be provided and the categories or characteristics of individuals to be served, and (D) data the State intends to collect respecting activities conducted with such payments; and (2) a statement of assurances that represents to the Secretary that—

"(A) the State will provide a fair method (as determined by the State) for allocating funds allotted to the State under this title among such individuals, areas, and localities identified under paragraph (1)(A) as needing maternal and child health services, and the State will identify and apply guidelines for the appropriate frequency and content of, and appropriate referral and followup, with respect to—health care assessments and services financially assisted by the State under this title and methods for assuring quality assessments and services;

"(B) funds allotted to the State under this title will only be used, consistent with section 508, to carry out the purposes of this title or to continue activities previously conducted under the consolidated health programs (described in section 502(b)(X));

"(C) the State will use—

- "(i) a substantial proportion of the sums expended by the State for carrying out this title for the provision of health services to mothers and children, with special consideration given (where appropriate) to the continuation of special projects in the State prior to the date of the enactment of the Maternal and Child Health Services Block Grant Act); and
- "(ii) a reasonable proportion (based upon the State's previous use of funds under this title of such sums will be used to carry out the purposes described in paragraphs (1) through (3) of section 501(a);

"(D) if the State imposes any charges for the provision of health services assisted by the State under this title, such charges (i) will be pursuant to a public schedule of charges, (ii) will not be imposed with respect to services provided to low income mothers or children, and (iii) will be adjusted to reflect the income, resources, and family size of the individual provided the services; and

"(E) the State agency (or agencies) administering the State's program under this title will participate—

"(i) in the coordination of activities between such program and the early and periodic screening, diagnosis, and treatment program under title XIX, to ensure that such programs are carried out without duplication of effort;

"(ii) in the arrangement and carrying out of coordination agreements described in section 1902(a)(11) relating to coordination of care and services available under this title and title XIX, and

- "(iii) in the coordination of activities within the State with programs carried out under this title and related Federal grants programs (including supplemental food programs for mothers, infants, and children, related education programs, and other health, developmental disability, and family planning programs).

The description and statement shall be made public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during development of the description and statement and after its transmittal. The description and statement shall be revised (consistent with this section) throughout the year as may be necessary to reflect substantial changes in any element of such description or statement, and any revision shall be subject to the requirements of the preceding sentence.

"REPORTS AND AUDITS

"Sec. 506. (a)(1) Each State shall prepare and submit to the Secretary annual reports on its activities under this title. In order properly to evaluate and to compare the performance of different States assisted under this title and to assure the proper expenditure of funds under this title, such reports shall be in such form and contain such information as the Secretary determines (after consultation with the States and the Comptroller General) to be necessary (A) to secure an accurate description of those activities, (B) to secure a complete record of the purposes for which funds were spent, of the recipients of such funds, and of the progress made toward achieving the purposes of this title, and (C) to determine the extent to which funds were expended consistent with the State's description and statement transmitted under section 505. Copies of the report shall be provided, upon request, to any interested public agency, and each such agency may provide its views on these reports to the Congress.

"(2) The Secretary shall annually report to the Congress on activities funded under section 502(a) and shall provide for transmittal of a copy of such report to each State.

"(3) Each State shall, not less often than once every two years, audit its expenditures from amounts received under this title. Such State audits shall be conducted by an entity independent of the State agency administering a program funded under this title in accordance with the Comptroller General's standards for auditing governmental organizations, programs, activities, and functions and generally accepted auditing standards. Within 90 days following the completion of each audit report, the State shall submit a copy of that audit report to the Secretary.

"(2)(A) For each of fiscal years 1982 and 1983, each such State shall be allotted for that fiscal year an amount equal to the State's proportion (determined under paragraph (1)(X)(ii)) of the amounts available for allotment to all the States under this subsection for that fiscal year.

"(B) For fiscal years beginning with fiscal year 1984, if the amount available for allotment under this subsection for that fiscal year—

- "(i) does not exceed the amount available under this subsection for allotment for fiscal year 1983, each such State shall be allotted for that fiscal year an amount equal to the State's proportion (determined under paragraph (1)(X)(ii)) of the amounts available for allotment to all the States under this subsection for that fiscal year, or
- "(ii) exceeds the amounts available under this subsection for allotment for fiscal year 1983, each such State shall be allotted for that fiscal year an amount equal to the sum of—

"(I) the amount of the allotment to the State under this subsection in fiscal year 1983 (without regard to paragraph (3) of this subsection), and

- "(II) the State's proportion (determined under paragraph (1)(X)(ii)) of the amount by which the allotment available under this subsection for all the States for that fiscal year exceeds the amount that was available under this subsection for allotment for all the States for fiscal year 1983.

"(3)(A) To the extent that all the funds appropriated under this title for a fiscal year are not otherwise allotted to States either because all the States have not qualified for such allotments under section 505 for the fiscal year or because some States have indicated in their descriptions of activities under section 505 that they do not intend to use the full amount of such allotments, such excess shall be allotted among the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this subparagraph.

"(B) To the extent that all the funds appropriated under this title for a fiscal year are not otherwise allotted to States because some State allotments are offset under section 506(b)(2), such excess shall be allotted among the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this subparagraph.

"PAYMENTS TO STATES

"SEC. 503. (a) From the sums appropriated therefor and the allotments available under section 502(b), the Secretary shall make payments as provided by section 203 of the Intergovernmental Cooperation Act of 1968 (42 U.S.C. 4213) to each State provided such an allotment under section 502(b), for each quarter, of an amount equal to four-sevenths of the total of the sums expended by the State during such quarter in carrying out the provisions of this title.

"USE OR ALLOTMENT FUNDS

"SEC. 504. (a) Except as otherwise provided under this section, a State may use amounts paid to it under section 503 for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its description of intended expenditures and statement of assurances transmitted under section 505.

"(b) Amounts described in subsection (a) may not be used for—

- "(1) inpatient services, other than inpatient services provided to crippled children or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve;

"(2) cash payments to intended recipients of health services;

- "(3) the purchase or improvement of land, the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment;

"(4) satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

- "(5) providing funds for research or training to any entity other than a public or nonprofit private entity.

The Secretary may waive the limitation contained in paragraph (3) upon the request of a State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will assist in carrying out this title.

"(c) A State may use a portion of the amounts described in subsection (a) for the purpose of purchasing technical assistance from public or private entities if the State determines that such assistance is required in developing, implementing, and administering programs funded under this title.

"(d) The Secretary, at the request of a State, may reduce the amount of payments under subsection (a) by—

- "(1) the fair market value of any supplies or equipment furnished the State, and

"(2) the amount of the pay allowances, and travel expenses of any officer or employee of the Government when detailed to the State and the amount of any other costs incurred in connection with the furnishing of supplies or equipment or the detail of an officer or employee is for the convenience of and at the request of the State and for the purpose of conducting activities described in section 505 on a temporary basis. The amount by which any payment is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment or in detailing the personnel, on which the reduction of the payment is based, and the amount shall be deemed to be part of the payment and shall be deemed to have been paid in the detail.

"(2) Each State shall repay to the United States amounts found by the Secretary, after notice and opportunity for a hearing to the State, not to have been expended in accordance with this title and if such repayment is not made, the Secretary may offset such amounts against the amount of any allotment to which the State is or may become entitled under this title or may otherwise recover such amounts.

"(3) The Secretary may, after notice and opportunity for a hearing, withhold payment of funds to any State which is not using its allotment under this title in accordance with the requirements of this title and with the statement of assurances transmitted by the State under section 505(2). The Secretary may withhold such funds until the Secretary finds that the reason for the withholding has been removed and there is reasonable assurance that it will not recur.

"(c) The State shall make copies of the reports and audits required by this section available for public inspection within the State.

"(d)(1) For the purpose of evaluating and reviewing the block grant established under this title, the Secretary and the Comptroller General shall have access to any books, accounts, records, correspondence, or other documents that are related to such block grant, and that are in the possession, custody, or control of States, political subdivisions thereof, or any of their grantees.

"(2) In conjunction with an evaluation or review under paragraph "(1), no State or political subdivision thereof (or grantee of either) shall be required to create or prepare new records to comply with paragraph (1).

"(3) For other provisions relating to deposit, accounting, reporting, and auditing with respect to Federal grants to States, see section 202 of the Intergovernmental Cooperation Act of 1968 (42 U.S.C. 4212).

"CRIMINAL PENALTY FOR FALSE STATEMENTS

"SEC. 507. (a) Whoever—

"(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payment may be made by a State from funds allotted to the State under this title, or

"(2) having knowledge of the occurrence of any event affecting his initial or continued right to any such payment conceals or fails to disclose such event with an intent fraudulently to secure such payment either in a greater amount than is due or when no such payment is authorized, shall be fined not more than five years, or both.

"(b) For civil monetary penalties for certain submission of false claims, see section 1128A of this Act.

"NONDISCRIMINATION

"Sec. 508. (a)(1) For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under title IX of the Education Amendments of 1972, or on the basis of race, color, or national origin under title VII of the Civil Rights Act of 1964, programs and activities funded in whole or in part with funds made available under this title are considered to be programs and activities receiving Federal financial assistance.

"(2) No person shall on the ground of sex or religion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under this title.

"(b) Whenever the Secretary finds that a State, or an entity that has received a payment from an allotment to a State under section 502(b), has failed to comply with a provision of law referred to in subsection (a)(1), with subsection (a)(2), or with an applicable regulation, including one prescribed to carry out subsection (a)(2), he shall notify the chief executive officer of the State and shall request him to secure compliance. If, within a reasonable period of time, not to exceed sixty days, the chief executive officer fails or refuses to secure compliance, the Secretary may—

"(1) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

"(2) exercise the powers and functions provided by title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, or section 504 of the Rehabilitation Act of 1973, as may be applicable; or

"(3) take such other action as may be provided by law.

"(c) When a matter is referred to the Attorney General pursuant to subsection (b)(1), or whenever he has reason to believe that the entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) or in violation of subsection (a)(2), the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

"ADMINISTRATION OF TITLE AND STATE PROGRAMS

"Sec. 509. (a) The Secretary shall designate an identifiable administrative unit with expertise in maternal and child health within the Department of Health and Human Services, which unit shall be responsible for—

"(1) the Federal program described in section 502(a);

"(2) promoting coordination at the Federal level of the activities authorized under this title and under title XIX of this Act, especially early and periodic screening, diagnosis and treatment, related activities funded by the Departments of Agriculture and Education, and under health block grants and categorical health programs, such as immunizations, administered

"(3) disseminating information to the States in such areas as prevention of mothers and children.

"(4) providing technical assistance, upon request, to the States in such areas as program planning, establishment of goals and objectives, standards of care, and evaluation.

"(S) in cooperation with the National Center for Health Statistics and in a manner that avoids duplication of data collection, maintenance, and dissemination of information relating to the health status and health service needs of mothers and children in the United States; and

"(6) assisting in the preparation of reports to the Congress on the activities funded and accomplishments achieved under this title from the information required to be reported by the States under sections 505 and 506.

"(D) The State health agency of each State shall be responsible for the administration (or supervision of the administration) of programs carried out with allotments made to the State under this title, except that, in the case of a State which on July 1, 1967, provided for administration (or supervision thereof) of the State plan under this title (as in effect on such date) by a State agency other than the State health agency, that State shall be considered to comply the requirement of this subsection if it would otherwise comply but for the fact that such other State agency administers (or supervises the administration of) any such program providing services for crippled children."

(D)(1) The Secretary of Health and Human Services shall, no later than October 1, 1984, report to the Congress on the activities of States receiving allotments under title V of the Social Security Act (as amended by this section) and include in such report any recommendations for appropriate changes in legislation.

(2) The Secretary of Health and Human Services, in consultation with the Comptroller General, shall examine alternative formulas, for the allotment of funds to States under section 502(b) of the Social Security Act (as amended by this section) which might be used as a substitute for the method of allotting funds described in such section, which provide for the equitable distribution of such funds to States (as defined for purposes of such section), and which take into account—

- (A) the populations of the States,
- (B) the number of live births in the States,
- (C) the number of crippled children in the States, and
- (D) the number of low income mothers and children in the States.

(E) the financial resources of the various States, and

(F) such other factors as the Secretary deems appropriate, and shall report to the Congress on the examination of such formula not later than June 30, 1982.

REPEALS AND CONFORMING AMENDMENTS

SEC. 2199. (a) Section 1111(f) of the Public Health Service Act is amended by inserting "and, subject to section 2194(b)(X) of the Maternal and Child Health Services Block Grant Act, \$2,765,000 for the fiscal year ending September 30, 1982" before the period.

(b) Section 607 of the Health Services and Centers Amendments of 1978 (Public Law 95-626) is amended by inserting "and, subject to section 2194(b)(X) of the Maternal and Child Health Services Block Grant Act, \$8,580,000 for the fiscal year ending September 30, 1982" before the period.

(c) Section 501 of the Social Security Act (as in effect before the date the amendment made by section 2192(a) becomes effective) is amended by striking out "for each fiscal year thereafter" and inserting in lieu thereof "and for each of the next three fiscal years, and, subject to section 2194(b)(X) of the Maternal and Child Health Services Block Grant Act, \$817,580,000 for the fiscal year ending September 30, 1982".

(d) Section 1615(e)(1) of the Social Security Act is amended by inserting "and subject to section 2194(b)(X) of the Maternal and Child Health Services Block Grant Act" after "paragraphs (2) and (3)".

(e) Effective for fiscal year 1982, section 1615(e)(3) of such Act is amended by striking out "\$30,000,000" and inserting in lieu thereof "\$25,070,000".

(f) Sections 116, 1101, 1121 and 1131 of the Public Health Service Act are repealed.

(g) Section 1104(a) of such Act is amended by inserting "and" at the end of paragraph (g), by striking out paragraph (i), and by redesignating paragraph (g) as paragraph (k).

(h) Section 1104 of such Act is further amended (A) by striking out subsections (b) and (d); (B) by striking out "or under section 110" in subsection (c), and (C) by redesignating subsection (c) as subsection (b).

(i) Sections 1106 and 227 of such Act are repealed.

(j) Section 1107 of such Act is amended by striking out "appropriated under section 1101(b)" and inserting in lieu thereof "allotted for use under section 502(a) of the Social Security Act".

(k) Section 1108(d) of the Social Security Act is amended by striking out "section 502(a)" and all that follows through "1987", and inserting in lieu thereof "section 421".

(l) Section 1101(a)(X)D of such Act is amended by striking out "V, VIII, and XIX, and inserting in lieu thereof "XVIII and XIX".

(m) Section 1122 of such Act is amended—

- (A) by striking out "V, XVIII, and XIX" and inserting in lieu thereof "XVIII and XIX"; each place it appears, and
- (B) by striking out "V, XVIII, or XIX" in subsection (d)(X) and inserting in lieu thereof "XVIII or XIX".

(n) Section 1129 of such Act is amended—

- (A) by striking out "V or" each place it appears in subsection (a), and
- (B) by striking out "V, XVIII, or" in subsection (b)(X) and inserting in lieu thereof "XVII or".

(o) Section 1192(a)(X) of such Act is amended—

ices Block Grant Act, \$2,075,000 for fiscal year 1982" before the period.

(D) Section 1111(f) of that Act is amended by inserting "and, subject to section 2194(b)(X) of the Maternal and Child Health Services Block Grant Act, \$2,765,000 for the fiscal year ending September 30, 1982" before the period.

(2) Section 607 of the Health Services and Centers Amendments of 1978 (Public Law 95-626) is amended by inserting "and, subject to section 2194(b)(X) of the Maternal and Child Health Services Block Grant Act, \$8,580,000 for the fiscal year ending September 30, 1982" before the period.

(3) Section 501 of the Social Security Act (as in effect before the date the amendment made by section 2192(a) becomes effective) is amended by striking out "for each fiscal year thereafter" and inserting in lieu thereof "and for each of the next three fiscal years, and, subject to section 2194(b)(X) of the Maternal and Child Health Services Block Grant Act, \$817,580,000 for the fiscal year ending September 30, 1982".

(4) Section 1615(e)(1) of the Social Security Act is amended by inserting "and subject to section 2194(b)(X) of the Maternal and Child Health Services Block Grant Act" after "paragraphs (2) and (3)".

(5) Section 1104 of such Act is amended by inserting "and" at the end of paragraph (g), by striking out paragraph (i), and by redesignating paragraph (g) as paragraph (k).

(6) Section 1104 of such Act is further amended (A) by striking out subsections (b) and (d); (B) by striking out "or under section 110" in subsection (c), and (C) by redesignating subsection (c) as subsection (b).

(7) Sections 1106 and 227 of such Act are repealed.

(8) Section 1107 of such Act is amended by striking out "appropriated under section 1101(b)" and inserting in lieu thereof "allotted for use under section 502(a) of the Social Security Act".

(9) Section 1108(d) of the Social Security Act is amended by striking out "section 502(a)" and all that follows through "1987", and inserting in lieu thereof "section 421".

(10) Section 1101(a)(X)D of such Act is amended by striking out "V, XVIII, and XIX, and inserting in lieu thereof "XVIII and XIX".

(11) Section 1122 of such Act is amended—

(A) by striking out "V, XVIII, and XIX" and inserting in lieu thereof "XVIII and XIX"; each place it appears, and

(B) by striking out "V, XVIII, or XIX" in subsection (d)(X) and inserting in lieu thereof "XVIII or XIX".

(12) Section 1129 of such Act is amended—

(A) by striking out "V or" each place it appears in subsection (a), and

(B) by striking out "V, XVIII, or" in subsection (b)(X) and inserting in lieu thereof "XVII or".

(13) Section 1192(a)(X) of such Act is amended—

(14) Section 1192(a)(X) of such Act is amended—

(15) Section 1192(a)(X) of such Act is amended—

the States) under the consolidated State programs (as defined in subsection (c)(2)(C)) from funds for fiscal year 1982.

(c) For purposes of this section:

- (1) The term "State" has the meaning given such term for purposes of title V of the Social Security Act.
- (2) The term "consolidated health programs", has the meaning given such term in section 501(b) of the Social Security Act (as amended by this subtitle).
- (3) The term "consolidated Federal programs" means the consolidated health programs—

(i) of special projects grants under sections 503 and 504, and training grants under section 511, of the Social Security Act, and

(ii) of grants and contracts for genetic disease projects and programs under section 1101 of the Public Health Service Act,

(iii) of grants or contracts for comprehensive hemophilia diagnostic and treatment centers under section 1101 of the Public Health Service Act,

as such sections are in effect before the date of the enactment of this subtitle.

(C) The term "consolidated State programs" means the consolidated health programs, other than the consolidated Federal programs.

(d) The provisions of chapter 2 of subtitle C of title XVII of this Act shall not apply to this subtitle (or the programs under the amendments made by this title) and, specifically, section 1745 of this Act shall not apply to financial and compliance audits conducted under section 506(b) of the Social Security Act (as amended by this subtitle).

TITLE XXII—FEDERAL OLD-AGE, SURVIVORS, AND DISABILITY INSURANCE PROGRAM

TABLE OF CONTENTS OR THIS

Sec. 2201. Repeal of minimum benefit provisions.

Sec. 2202. Restrictions on the lump sum death payment.

Sec. 2203. Payment of certain benefits only for months in which entitlement conditions are fulfilled.

Sec. 2204. Temporary extension of earnings limitation to include all persons aged less than seventy-two.

Sec. 2205. Termination of mother's and father's benefits when child attains age sixteen.

Sec. 2206. Limitation of benefits.

Sec. 2207. Requests for information, cost reimbursement.

Sec. 2208. Reduction in disability benefits on account of other related payments; extension of offset to disabled worker beneficiaries aged 62 through 64 and their families; change in month in which payments are offset.

Sec. 2209. Reimbursement of State for successful rehabilitation services.

Sec. 2210. Elimination of child's insurance benefit in the case of children aged 16 through 22 who attend postsecondary schools.

REPEAL OF MINIMUM BENEFIT PROVISIONS

Sec. 2201. (a) Section 215(a)(X)(C)(i) of the Social Security Act is amended to read as follows:

"(C)(i) No primary insurance amount computed under subparagraph (A) may be less than an amount equal to \$11.50 multiplied by the individual's years of coverage in excess of 10, or the increased amount determined for purposes of this clause under subsection (i)."

(b)(1) Section 215(a)(X)(C)(ii) of such Act is amended by striking out "For purposes of clause (i)(II)" and inserting in lieu thereof "For purposes of clause (i)".

(2) Section 215(a)(X)(A) of such Act is amended by striking out "subparagraph (C)(X)(II)", and inserting in lieu thereof "subparagraph (C)(i)".

(3) Section 215(a)(X)(4) of such Act is amended—

(A) by striking out "subparagraph (C)(X)(IV)" and inserting in lieu thereof "subparagraph (C)(i)", and

(B) in subclause (j) thereof, by striking out "but without regard to clauses (iv) and (v) thereof".

(4) Section 215(a)(8) of such Act is amended by striking out "subsection (a)(X)(C)(X)(III)" and inserting in lieu thereof "subsection (a)(X)(C)(i)".

(5) Section 215(a)(X)(A)(X)(III) of such Act is amended by striking out "including a primary insurance amount determined under subsection (a)(X)(C)(X)(I), but subject to the provisions of such subsection (a)(X)(C)(i) and clauses (iv) and (v) of this subparagraph".

(6) Section 215(a)(X)(A)(X)(II) of such Act is amended in the matter following subclause (III) by striking out "subparagraph (C)(X)(IV)" and inserting in lieu thereof "subparagraph (C)(i)".

(7) Section 215(a)(X)(A)(X)(III) of such Act is amended by striking out "and, with respect to a primary insurance amount determined under subsection (a)(X)(C)(X)(I), subject to the provisions of subsection (a)(X)(C)(i) and clauses (iv) and (v) of this subparagraph".

(8) Section 215(a)(X)(A) of such Act is amended by striking out clauses (iv) and (v) thereof.

(9) Section 215(a)(X)(D) of such Act is amended by striking out "subparagraph (C)(X)(II)", each place it appears and inserting in lieu thereof in each instance "subparagraph (C)(i)".

(10) Section 202(m) of such Act is repealed.

(11) Paragraphs (1) and (5) of section 202(w) of such Act are each amended by striking out "section 215(a)(X)(C)(X)(II)", and inserting in lieu thereof in each instance "section 215(a)(X)(C)(X)(i)".

(12) Section 223(c)(2) of such Act is amended to read as follows:

"(2) Any such agreement may provide that an individual who is entitled to cash benefits under this title shall, notwithstanding the provisions of section 202(l), receive such benefits while he resides in a foreign country which is a party to such agreement."

(C)(i) Section 215(a) of such Act is amended by adding at the end thereof the following new paragraph:

"(6)(A) The table of benefits in effect in December 1978 under the section, referred to in paragraph (4) in the matter following subparagraph (B) and in paragraph (5), revised as provided by subsection (d), as applicable, shall be extended for all wage monthly wages o

(6) Section 1134 of such Act is amended by striking out "V," "XVII," and inserting in lieu thereof "XVIII".

(7) Section 1172(4) of such Act is amended by striking out "V," "(8)(A) Subsection (a) of section 1615 of such Act is amended by striking out "appropriate State agency administering the State plan under subsection (b) of this section, and (except in such cases, and inscribing in lieu thereof "State agency administering the State program under title V, and (except for individuals who have not attained age 16 and except in such other cases".

(B) Subsections (b) and (c) of such section are repealed.

(9) Section 1861(m)(2) of such Act is amended by striking out "V or"

(9) Section 1902(a)(Y1)(XB) of such Act is amended—

(A) by striking out "for part or all of the cost of plans or projects under" and inserting in lieu thereof "under (or through an allotment under)", and

(B) by striking out "such plan or project under title V" and inserting in lieu thereof "such title or allotment".

(d)(X) The second sentence of section 402(a)(1) of the Social Security Amendments of 1967 (P.L. 90-248) is amended—

(A) by striking out "title XVIII of such Act," and inserting in lieu thereof "title XVIII of such Act and", and (B) by striking out the "and a program established by a plan of a State approved under title V of such Act".

(2) Section 402(a)(X2) of such Act is amended by striking out "titles V and XIX" and inserting in lieu thereof "title XIX" both places it occurs.

(3) Section 402(b) of such Act is amended by striking out "XIX, and V" and inserting in lieu thereof "and XIX".

(e)(X) Section 222(a)(1) of the Social Security Amendments of 1972 (P.L. 92-609) is amended by striking out "titles XIX and V" and inserting in lieu thereof "title XIX".

(2) The first sentence of section 222(a)(g) of such Act is amended by striking out "XIX, and V" and inserting in lieu thereof "and XIX".

(3) Section 222(a)(4) of such Act is amended by striking out "titles V and XIX" and inserting in lieu thereof "title XIX" both places it appears.

(f) Titles VI and VII of the Health Services and Centers Amend-

ments of 1978 (P.L. 95-628) are repealed.

(g) Section 914(d) of the Omnibus Reconciliation Act of 1980 (P.L. 96-499, 94 Stat. 2622) is amended by striking out "V, XVII, and XVIII" and inserting in lieu thereof "XVIII".

EFFECTIVE DATE; TRANSITION

Sec. 2194. (a) Except as otherwise provided in this section, the amendments made by sections 2192 and 2193 of this subtitle do not apply to any grant made, or contract entered into, or amounts payable to States under State plans before the earlier of—

(1) October 1, 1982, or

(2) in the case of such grants, contracts, or payments under consolidated State programs (as defined in subsection (c)(2)(C)) to a State (or entities in the State), the date the State is first

entitled to an allotment under title V of the Social Security Act (as amended by this subtitle), or
(B) in the case of grants and contracts under consolidated Federal programs (as defined in subsection (c)(2)(B)), October 1, 1981, or such later date (before October 1, 1982) as the Secretary determines to be appropriate.

(b)(X) The Secretary of Health and Human Services (hereinafter in this section referred to as the "Secretary") may not provide for any allotment to a State under title V of the Social Security Act (as amended by this subtitle) for a calendar quarter in fiscal year 1982 unless the State has notified the Secretary at least 90 days (or 15 days in the case of the first calendar quarter of the fiscal year) before the beginning of the calendar quarter, that the State requests an allotment for that calendar quarter (and subsequent calendar quarters).

(2)(X) Any grants or contracts entered into under the authorities of the consolidated State programs (as defined in subsection (c)(2)(C)) after the date of the enactment of this subtitle shall permit the termination of such grant or contract upon three months notice by the State in which the grantee or contractor is located.

(B) The Secretary shall not make or renew any grants or contracts under the provisions of the consolidated State programs (as defined in subsection (c)(2)(C)) to a State (or an entity in the State) after the date the State becomes entitled to an allotment of funds under title V of the Social Security Act (as amended by this subtitle).

(3)(X) In the case of funds appropriated for fiscal year 1982 for consolidated health programs (as defined in subsection (c)(2)(A)), such funds shall (notwithstanding any other provision of law) be available for use under title V of the Social Security Act (as amended by this subtitle), subject to subparagraphs (B) and (C).

(B) Notwithstanding any other provision of law—

(i) the amount that may be made available for expenditures for the consolidated Federal programs for fiscal year 1982 and for projects and programs under section 502(a) of the Social Security Act (as amended by this subtitle) may not exceed the amount provided for projects and programs under such section 502(a) for that fiscal year, and

(ii) the amount that may be made available to a State (or entities in the State) for carrying out the consolidated State programs for fiscal year 1982 and for allotments to the State under section 502(b) of the Social Security Act (as amended by this subtitle) may not exceed the amount which is allotted to the State for that fiscal year under such section (without regard to paragraphs (3) and (4) thereof).

(C) For fiscal year 1982, the Secretary shall reduce the amount which would otherwise be available—

(i) for expenditures by the Secretary under section 502(a) of the Social Security Act (as amended by this subtitle) by the amounts which the Secretary determines or estimates are payable for consolidated Federal programs (as defined in subsection (c)(2)(B)) from funds for fiscal year 1982, and
(ii) for allotments to each of the States under section 502(b) of such Act (as so amended) by the amounts which the Secretary determines or estimates are payable to that State (or entities in

MCH BLOCK ALLOCATION FY 84 AND FY 85

MCH BLOCK GRANT ALLOCATION FY 85

COUNTY	POPULATION	WOMEN	CHILDREN	TOTAL	DOLLARS
Beaverhead	8,186	1,670	2,345	12,201	7,723
Big Horn	11,096	2,215	3,725	17,036	10,783
Blaine	6,999	1,294	2,569	10,862	6,875
Broadwater	6,534	1,953	1,685	10,172	6,439
Carbon	8,099	1,312	2,373	11,784	7,459
Carter	3,598	414	777	4,789	3,031
Cascade	80,696	17,630	26,074	124,400	78,743
Chouteau	6,092	1,197	2,105	9,394	5,946
Custer	13,109	2,497	4,130	19,736	12,493
Daniels	5,670	777	1,362	7,809	4,943
Dawson	11,805	2,315	3,702	17,822	11,281
Deer Lodge	12,581	2,226	4,100	18,907	11,968
Fallon	7,526	1,146	1,775	10,447	6,613
Fergus	13,076	2,491	3,860	19,427	12,297
Flathead	51,966	9,980	15,544	77,490	49,050
Gallatin	42,865	9,849	10,835	63,549	40,225
Garfield	3,312	416	746	4,474	2,832
Glacier	10,628	2,231	4,166	17,025	10,777
Golden Valley	2,052	293	425	2,770	1,753
Granite	5,400	729	1,110	7,239	4,582
Hill	17,985	3,762	6,003	27,750	17,565
Jefferson	7,029	1,642	2,454	11,125	7,042
Judith Basin	5,292	693	1,215	7,200	4,557
Lake	19,056	3,139	5,922	28,117	17,798
Lewis & Clark	43,039	8,637	12,418	64,094	40,570
Liberty	4,658	750	1,245	6,653	4,211
Lincoln	17,752	3,622	5,445	26,819	16,976
Madison	5,448	990	1,499	7,937	5,024
McCone	5,404	737	1,304	7,445	4,713
Meagher	4,308	578	998	5,884	3,724
Mineral	7,350	1,086	1,974	10,410	6,589
Missoula	76,016	15,885	19,547	111,448	70,545
Musselshell	8,856	1,068	2,096	12,020	7,608
Park	12,660	2,422	3,472	18,554	11,744
Petroleum	1,310	146	381	1,837	1,165
Phillips	5,367	975	1,621	7,963	5,040
Pondera	6,731	1,305	2,285	10,321	6,533
Powder River	5,040	792	1,214	7,046	4,460
Powell	6,958	1,352	2,022	10,332	6,540
Prairie	3,672	504	752	4,928	3,119
Ravalli	22,493	3,883	6,195	32,571	20,617
Richland	12,243	2,115	3,619	17,977	11,379
Roosevelt	10,467	2,019	3,745	16,231	10,274
Rosebud	9,899	1,820	3,643	15,362	9,724
Sanders	8,675	1,633	2,655	12,963	8,205
Sheridan	5,414	915	1,619	7,948	5,031
Silver Bow	38,092	6,833	10,953	55,878	35,370
Stillwater	5,598	1,052	1,555	8,205	5,194
Sweetgrass	6,432	794	1,136	8,362	5,293
Teton	6,491	1,168	2,029	9,688	6,132

COUNTY	POPULATION	WOMEN	CHILDREN	TOTAL	DOLLARS
Toole	5,559	950	1,714	8,223	5,205
Treasure	1,962	309	608	2,879	1,822
Valley	10,250	2,237	4,229	16,716	10,581
Wheatland	4,718	609	935	6,262	3,964
Wibaux	2,952	414	725	4,091	2,590
Yellowstone	108,035	23,177	32,670	163,882	103,734
 TOTAL	 834,501	 162,648	 245,305	 1,242,454	 <u>786,451</u>

Any county with a population below 5,000
 was doubled for weighting

Example Center Co Actual Pop 1799

X 2

3,598 weighted population

January 17, 1983

TO: Chairman Shontz, Senators and Representatives of this Committee
FROM: M. Richard Nelson

Chairman Shontz, Senators and Representatives of this Committee, I am Richard Nelson and I supervise the childhood immunization, veneral disease control, and communicable disease control programs. The immunization and V.D. control programs are primarily federally funded and the communicable disease program, a mandated function of the Department (Sect. 50-1-202 Part (2) of MCA - referring to General Powers and Duties of the Department) has been previously rolled into the functions of the immunization and V.D. staff. This provides a more cost effective program for all communicable diseases activities.

I would first like to speak of the Childhood Immunization Program. The funds are used to prevent and control immunizable childhood diseases by assuring at least 90% of all children through age 18 are adequately vaccinated for hard measles, rubella (or 3-day measles), mumps, polio, diphtheria, tetanus, and whooping cough (or pertussis).

The primary activities of this program are:

1. To monitor and assist public and private schools in the implementation of the mandated school immunization law.
2. Conduct surveillance and rapid disease control of these diseases.

3. Distribute vaccine for these diseases free-of-charge to Montana's children through local public and private providers (for calendar 1982, approximately \$50,000 of vaccine was distributed).
4. Publicize and promote the need and importance of immunization.
5. Develop a procedure for granting monies directly to local agencies to implement selected immunization activities.

Due in part to ongoing activities such as those mentioned above, the actual number of reported cases of these diseases are now at an all time low for Montana.

The next program I will address is the V.D. Control Program. This program offers support and assistance to local services and provides direct program services in areas without local services.

The primary activities of this program are:

1. Engage in appropriate follow-up activities of reported venereal disease cases to include interviewing for sexual contacts and their referral for medical evaluation.
2. Monitoring the numbers of diagnosed cases for possible outbreaks in local areas.
3. Coordinating venereal disease activity with programs in other states in order to identify and respond to importation of disease into Montana.
4. Provide current technical information regarding venereal disease trends to the private medical sector and public

5. Provide in-service training to local providers.
6. Provide financial assistance to local public health providers to travel to appropriate out-of-state training programs not available in Montana.
7. Provide general disease education to the general public upon request from schools, civic groups, etc.

Finally, general communicable disease control includes surveillance, identification, investigation, control, and prevention of those diseases not mentioned in the two previous programs. Examples would include tuberculosis, rabies, food poisoning, salmonella, guardia, etc. Since these communicable disease activities have been included as functions of the program staffs of immunization and V.D. control, the federal funding source has indicated to the Department that these activities shall no longer be financially supported by federal funds. The Department is, therefore, requesting that 20% of current level budgets for personal services and travel in immunization and V.D. control be funded by general funds. Communicable disease services are provided to all Montana counties either directly or indirectly through assistance and/or consultation. These activities will help meet the mandate and the communicable disease control needs of Montana.

In conclusion, at the request of the chair, I would be please to respond to any questions that you may have.

Any budgetary questions will be answered by Mr. Hoffman.

TESTIMONY

Chairman Shontz and Senators and Representatives of the Committee, I am Judith Gedrose and I will be speaking about the Nursing Program.

The Nursing Program provides technical assistance and inservice training for public health nurses, home health nurses and other out-of-hospital nurses. Since each county now has a Maternal-Child Block Grant funded program, we are providing assistance in all 56 counties.

The consultants also lend nursing expertise to other Health Services and Medical Facilities Division programs. These include Handicapped Childrens' and Family Planning on a regular basis with a nurse actually being assigned to them. Other programs such as immunization, venereal disease control, nutrition and hypertension request our assistance as needed. Nursing also interacts with various other programs within the Department. An example is our relationship with the Licensing and Certification Bureau. The Licensing and Certification Bureau refers all new requests for home health agency certification to the Nursing Program so we can assist the beginning agency in the non-regulatory or professional nursing aspects of setting up a nursing agency.

Nursing consultants stay current in the latest information about community programs. This updated information is passed on to your counties' community nurses by seminars, field visits, newsletters, on-site visits, correspondence and telephone calls. Consultants are also called upon to provide assistance when the nurse in a local agency has a specific problem. The following illustrates some of the problems we are asked to consider:

- budgeting
- program planning
- start up of new services
- evaluation of existing services

When called upon in problem situations, it is our obligation to offer as many solutions as possible to the nurse requesting help. But the final solution to the problem must be made by the nurse and her employers who best know the needs of their own community.

During FY82 our objectives centered around re-establishing some lines of communication that had not been operating for several years. An annual public health nurses meeting was held with over 100 nurses and students attending the workshop sessions. We began sending a newsletter on an as-needed-basis often accompanied by reprints of articles on health topics new to the field such as fetal alcohol syndrome.

Along with our regularly occurring consultant duties, we undertake special projects. During this year we will, in conjunction with a local health department, sponsor a continuing education program. Titled the School Nurse Achievement Program, methods of providing the best care to handicapped children in the school systems will be taught in programs offered to community nurses state-wide.

If there are questions, I will attempt to answer them or refer them to a more appropriate person.

Chairman Shontz, Senators and Representatives of this Committee, I am Dr. William Haggberg, Chief, Dental Health Education Bureau. For the purpose of testifying before the Human Services Committee, I will address only the Dental portion of this program.

All counties participate in a dental program with 29 presently participating in the Education, Brushing, Screening and Voluntary Mouthrinse Program; 23 participating in the Education and Brushing Program; and four participating in education, brushing, and screening.

Cascade, Lewis and Clark, and Gallatin counties have dental programs funded by their counties.

These projects could not be possible without complete cooperation of county nurses and school nurses and educators.

Mention should be made that the Montana Dental Association and the Montana Dental Hygiene Association assist the bureau in all areas of dental prevention through voluntary participation in screening and education.

The goal of the Dental/Health Education Bureau is to improve the dental health of all Montanans through primary dental prevention.

- Provide education for proper oral health care via toothbrushing, nutrition and flossing.
- Provide screening to determine status of oral health condition for referral to private practitioners of needed dental services.
- Provide voluntary fluoride mouthrinse program to reduce dental caries by up to 35%.
- Promote fluoridation of municipal water supplies to reduce dental caries up to 65% if it is the communities' desire.
- Provide consultation and education to handicapped children program for cardiac and cleft recipients.
- Promote dental occupational health prevention with Occupational Health Bureau in Nitrous Oxide delivery, x-ray, and mercury usages.
- Provide consultation in conjunction with Preventive Health Unit in communicable disease control, namely herpes and hepatitis B.
- Provide inservice training to personnel in long-term nurses homes for dental care of the elderly through the Advisory Dentist Program.
- Provide guidance to the Montana Dental Association's Council on Dental Health to provide preventive programs carried out by private practitioners.

Research Study Flathead County - 1971 -- 1980 Education Screening, Fluoride Mouthrinse, and Treatment

1. Decay reduced 44%
2. For every \$1.00 spent in the program, \$36.00 was saved per child for treatment.
3. More than 95% of children K-6 participated in the voluntary fluoride mouthrinse.

The success of the Flathead Project has led to promotion of the education, brushing, screening and voluntary mouthrinse program statewide.

I will be happy to answer any questions, Mr. Chairman, the Committee desires regarding the Dental Program.

COUNTIES	Education, Brushing Screening and Voluntary Mouthrinse	Education, Brushing	Education, Brushing and Screening
Beaverhead	X		
Bighorn		X	
Blaine		X	
Broadwater	X		
Carbon		X	
Carter		X	
Cascade	X		
Chouteau	X		
Custer			X
Daniels		X	
Dawson		X	
Deer Lodge	X		
Fallon	X		
Fergus	X		
Flathead	X		
Gallatin			X
Garfield		X	
Glacier		X	
Golden Valley		X	
Granite	X		
HTT		X	
Jefferson	X		
Judith Basin	X		
Lake	X		
Lewis & Clark	X		
Liberty		X	
Lincoln	X		
Cone		X	
Madison		X	
Meagher	X		
Mineral	X		
Missoula	X		
Musselshell		X	
Park	X		
Petroleum		X	
Phillips		X	
Pondera	X		
Powder River	X		
Powell	X		
Prairie			
Taftville	X		
Richland			
Roosevelt			
Rosebud			
Sanders	/ X		X
Sheridan	X		
Silver Bow	X		
Tillwater	X		
Wheat Grass	X		
Teton			
Toole	X		
Reasure	X		
Tet			
Wallowa			
Yellowstone	X		
TOTAL	29	23	4

January 17, 1983

13

Chairman SCHONTZ, Senators and Representative of this Committee, I am Dee Capp, Program Supervisor of Handicapped Children's Services which administers the Cleft Lip and Palate Program.

A child born with a cleft of the lip and/or palate faces years of interrelated treatment services in order to achieve functional rehabilitation. The facial disfiguration, associated ear, throat and nose disabilities and potential feeding problems can create a tremendous amount of emotional and stress for parents. As the child continues to grow, speech, language, dental and orthodontic problems must be considered in the treatment.

Since 1954, the Cleft Lip and Palate Program has provided a multidisciplinary approach for evaluation and treatment for children with a clefting condition from birth to age 18. The multidisciplinary approach is a cost effective method to develop a comprehensive plan to assess the child's growth.

With proper treatment a child with a clefting problem can be corrected and will have an excellent opportunity to become a productive adult.

There is an active caseload of 400 children with some type of clefting condition. The evaluations are provided at established intervals to determine the next phase of treatment.

The HCS financial eligibility criteria is utilized to determine who will receive assistance with the cost of the treatment.

In State Fy 82 the Cleft Palate Program provided 169 clinical evaluations and assisted 86 children in receiving treatment.

The Cleft Lip and Palate Program has received federal funding

for 26 years. In July of 1982 The State Department of Health was notified the the federal funding for treatment services would not be available after June 30, 1983.

Based on the proven benefits this program has to offer, the request for \$61,000.00 in general funds is to maintain the treatment services for children who have a clefting condition. No administrative costs will be expended as the Cleft Lip and Palate Program is administered by the HCS.

If you have questions, at the request of the chair, I will be happy to respond. Budget questions should be directed to Mr. Hoffman.

Chairman Schontz, Senators and Representatives of this Committee, I am Dee Capp, Program Supervisor of the Handicapped Children's Services which administers the Cardiac Program.

Congenital Heart disease represents a major portion of congenital defects in Montana. Early evaluation and treatment are the services needed to increase the child's prospects for a productive life.

Handicapped Children's Services assists with the cost of medical treatment for those children who meet the eligibility criteria.

Previously our patients participated in the Regional Heart Program that was subsidized with federal funds. The children received their medical treatment care at Mayo Clinic or University of Minnesota. Our program was required to pay only 30% of the charges. The other 70% was covered by the Regional Heart Program.

However, the Regional Heart Program lost its federal funding and now the payments for medical care by Handicapped Children's Services will increase.

Handicapped Children's Services is requesting additional general funds to allow us to provide cardiac services on a reduced level to those children meeting the eligibility criteria.

14
January 17, 1983

TESTIMONY

Chairman Shontz, Senators and Representatives of the Committee, I am Dr. Sidney Pratt, Chief of the Clinical Services Bureau of the State Department of Health and Environmental Sciences. I will confine my presentation to the efforts being made relating to infant and maternal health.

The Improved Pregnancy Outcome project, a totally federally funded program, will be eliminated September 30, 1983. This program was introduced into Montana in 1979 with the objectives of lowering infant and maternal mortality and morbidity. The Chief of the Clinical Programs Bureau, a part of the Health Services and Medical Facilities Division, has assumed the responsibilities of the Improved Pregnancy Outcome Medical Director as part of his other duties.

The infant mortality rate has been reduced from 11.38/1000 live births in 1979 to 10.6 in 1981. During these four years there has been a decided reduction in the neonatal mortality rate from 8.79/1000 live births in 1979 to 6.01 in 1981.

While there have been educational and regionalization components in the program up to this time, the key elements are

- 1) Neonatal Transport
- 2) Maternal Transport
- 3) Maternal Testing

These three activities we feel are essential to maintaining and even improving this low rate and they are the only elements to be retained. It is for these activities - not extension of the Improved Pregnancy Outcome project per se - that we are requesting legislative support recognizing that they will necessarily be at a reduced level.

Newborn transport will allow the at-risk newborns in low income families to be transported by ground and/or air ambulance from the many small hospitals around the state to the designated level II hospitals which have the capabilities of furnishing intensive neonatal care to these newborns. And, if these level II centers find they are incapable of caring for the particular case, the newborns will be transported to a level III center at a medical center in an adjacent state.

Maternal transport will assist in moving high-risk, low income pregnant women to the larger centers where they can be given the skilled care they need because of their pregnancy problems. Examples are premature labor, toxemia of pregnancy, diabetes, abnormal bleeding--all of which seriously jeopardize the fetus.

Maternal testing such as sonography and amniocentesis assist the attending physician in determining fetal age and fetal abnormalities, to name but two, and thus make it possible for informed, intelligent planning to prepare for the delivery.

If these activities can be maintained, we feel the commendably low neonatal, infant and maternal mortality and morbidity rates can be kept down.

Mr. Chairman, I would be pleased to answer any questions you and your committee might wish to address to me.

Thank you.

Montana Central Tumor Registry
Page 2

2. To allow medical professionals to retrieve important data to analyze diagnostic patterns, treatment results, occurrence patterns and survival statistics for Montana cancer patients.
3. To provide current information and education to medical professionals for continual improvement of cancer patient care.

The Montana Central Tumor Registry is a member of the Rocky Mountain Cancer Data System (RMCDS), based in Salt Lake City. Membership allows Montana to utilize the central data processing capabilities of this system. As a result, the Central Registry distributes monthly reports to all participating hospitals which reflect their cancer patients' experience. In addition, reexamination reports are generated and sent to private physicians in order to detect and treat recurrences, which are so common with this disease. Participation in the regional data system also provides Montana with a link to a nationwide cancer surveillance program, providing vital information for research into the cause, treatment and prevention of cancer.

There is no other state-wide program in Montana which coordinates the uniform reporting, data collection and analysis of information on cancer. Given the magnitude of the impact of the disease in Montana, the efforts of the Montana Central Tumor Registry should be of significance to the people of the state.

January 17, 1983

16
TESTIMONY

Montana Central Tumor Registry

Chairman Shontz, Senators and Representatives of this committee, I am Shari Pettit, the program supervisor of the Montana Central Tumor Registry.

Prior to the legislative session of 1979, there had been two previous attempts to establish a central tumor registry, both of which lasted about 18 months and were discontinued due to lack of ongoing funding. As a result, Montana had no significant statistics on the occurrence of cancer in the state or on the survival of its victims.

In 1979, legislative action approved the development of the Montana Central Tumor Registry to provide uniform reporting of cancer information. Since that time the Registry has begun to build a data base. Hospital participation in the Registry began slowly but with increasing enthusiasm and cooperation, the Registry finally realized 100% participation by all the hospitals in the state in December of 1982. Because of the lack of information from some hospitals during that time, the data base has been slow in developing. As of December 1982 the Registry had collected, abstracted, coded and analyzed cancer information for 7000 cases in Montana. This represents two full years of data, with about 300 new cases submitted every month.

The primary goals of the Montana Central Tumor Registry are:

1. To facilitate the lifelong systematic follow up of all cancer patients at regular intervals in order to help save lives by early detection and treatment of recurrence.

January 17, 1983

INTRODUCED BILL
HB 95

House Bill No. 95

INTRODUCED BY Brandtson
BY REQUEST OF THE DEPARTMENT OF HEALTH
AND ENVIRONMENTAL SCIENCES

A BILL FOR AN ACT ENTITLED: "AN ACT TO APPROPRIATE MONEY
FOR SANITARY REVIEW OF SUBDIVISIONS BY THE DEPARTMENT OF
HEALTH AND ENVIRONMENTAL SCIENCES FOR THE BIENNIV ENDING
JUNE 30, 1983; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

10

11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

12 Section 1. Appropriation. There is appropriated from
13 the general fund to the Department of Health and
14 Environmental Sciences \$64,000 for the bienniv ending June
15 30, 1983, for the purpose of providing funding for
16 subdivision review under Title 76, chapter 4, part 1, MCA.
17 Section 2. Effective date. This act is effective on
18 passage and approval.

-End-

House Bill No. 123

M. Karr

BY REQUEST OF THE DEPARTMENT
OF HEALTH AND ENVIRONMENTAL SCIENCES

A BILL FOR AN ACT ENTITLED: "AN ACT TO CLARIFY THAT A LOCAL
HEALTH OFFICER IS APPOINTED BY A LOCAL HEALTH BOARD RATHER
THAN COUNTY OR CITY OFFICERS; AMENDING SECTION 50-2-117,
MCA, TO MAKE IT CONSISTENT WITH THE OTHER APPLICABLE CODE
SECTIONS."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
Section 1. Section 50-2-117, MCA, is amended to read:
"50-2-117. Appointment of local health officer by
department when not made by local board. (1) If the county
commissioners or governing body of a first or second class
city do a local board does not appoint a health officer, the
department may appoint a health officer 30 days after
notification in writing has been given to the county
commissioners or governing body of the city local board.
(2) A health officer appointed by the department has
the same authority as a health officer appointed by a local
board."

-End-

*House Bill No. 114
Introduced by Marcel Ernest Doglione
Syrup under witness Any attorney*

A BILL FOR AN ACT ENTITLED: "AN ACT TO PROVIDE TRAINING FOR FAMILY PRACTICE RESIDENT PHYSICIANS; LIMITING USE OF FUNDS; APPROPRIATING FUNDS; AND PROVIDING AN EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Short title. [Sections 1 through 4] may be cited as the "Family Practice Training Act of 1983".

Section 2. Definitions. As used in [sections 1 through 4], the following definitions apply:

(1) "Family practice" means comprehensive medical care with particular emphasis on the family unit in which the physician's continuing responsibility for health care is not limited by the patient's age or sex or by a particular organ system or disease entity.

(2) "Residency training" means a community-based family practice program to train family practice resident physicians sponsored by one or more community hospitals and physicians in Montana for inpatient and outpatient training.

(3) "Resident physician" means any physician in advanced medical specialty training.

Section 3. Montana family practice training programs.

(1) There is created a Montana family practice training

program to train resident physicians in family practice.

(2) The program is under the authority of the department, and the department shall contract with a nonprofit corporation organized under the laws of Montana or certified to do business in Montana to coordinate the training of family practice resident physicians. The officers and directors of the corporation must be qualified by education, experience, and interest to administer and oversee family practice resident physician training activity.

(3) No resident physician may train more than 2 months in any one community in any 12-month period.

Section 4. Funding limitations. (1) Money appropriated for residency training is in addition to any other money appropriated for medical educational programs and may not supplant funds for existing medical educational programs.

(2) No funds appropriated by the legislature to fund residency training may subsidize the cost incurred by patients.

Section 5. Appropriation. There is appropriated from the general fund \$135,300 to the Department of Health and Environmental Sciences for the biennium ending June 30, 1985, for personal services and operating expenses to provide support for family practice residency training.

Section 6. Codification instruction. Sections 1

-2- INTRODUCED BILL
HB-114

1 through 4 are intended to be codified as an integral part of
2 Title 50, chapter 5, parts 1 through 4, and the provisions
3 of Title 50, chapter 5, parts 1 through 4, apply to sections
4 1 through 4.

5 Section 7. Effective date. This act is effective July
6 1, 1983.

-End-

*Senate Bill No. 56
Bayer*

INTRODUCED BY
BY REQUEST OF THE DEPARTMENT OF HEALTH
AND ENVIRONMENTAL SCIENCES

A BILL FOR AN ACT ENTITLED: "AN ACT TO GIVE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES THE AUTHORITY TO ADOPT RULES SETTING FEES TO BE PAID BY HAZARDOUS WASTE GENERATORS; AMENDING SECTION 75-10-405, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

modification, and revocation of permits for hazardous waste management facilities and the assessment-of-permit-fees—for these facilities;

(5) requirements for manifests and the manifest system for tracking hazardous waste and for reporting and recordkeeping by generators; transporters, and owners and operators of hazardous waste management facilities;

(6) requirements for training of facility personnel and for financial assurance of facility owners and operators;

(7) requirements for registration of generators and transporters; and

(8) a schedule of fees for hazardous waste management facility permits and registration of hazardous waste generators; and

(9) other rules which are necessary to obtain and maintain authorization under the federal program, except that the department may not adopt rules under this part that are more restrictive than those promulgated by the federal government under the Resource Conservation and Recovery Act of 1976, as amended;" this part that are more restrictive than those promulgated by the federal government under the Resource Conservation and Recovery Act of 1976, as amended." NEW SECTION 2. Severability. If a part of this act is invalid, all valid parts that are severable from

-2- INTRODUCED BILL

SB56

House BILL NO. 128
by Mark J. Murphy

INTRODUCED BY
Mark J. Murphy
BY REQUEST OF THE DEPARTMENT OF

HEALTH AND ENVIRONMENTAL SCIENCES

A BILL FOR AN ACT ENTITLED: "AN ACT TO CLARIFY THAT THE SCHOOL IMMUNIZATION REQUIREMENTS MUST BE MET AT THE TIME A PERSON COMMENCES SCHOOL ATTENDANCE RATHER THAN THE TIME OF ENROLLMENT; AMENDING SECTIONS 20-5-403 THROUGH 20-5-405 AND 20-5-408, MCA; AND PROVIDING AN EFFECTIVE DATE."

district, in which case the provisions of subsection (2) apply.

(2) A person who transfers from one school district to another has 30 calendar days after commencement of attendance at the school to which he or she transfers to either complete immunization as specified in subsection (1)(a), commence immunization in the manner required by 20-5-404, or file for an exemption. If none of the foregoing actions is taken within 30 days, the transfer pupil is prohibited from further attendance until such action is taken."

Section 2. Section 20-5-404, MCA, is amended to read:

"20-5-404. Conditional enrollment attendance. * The governing authority of a school may allow the commencement of attendance in school by a person who has not been immunized against each disease listed in 20-5-403 maybe enrolled by the governing authority on condition that he if that person has received one or more doses of polio, measles (rubeola), rubella, diphtheria, pertussis, and tetanus vaccine, except that pertussis vaccine is not required for a person 7 years of age or older."

Section 3. Section 20-5-405, MCA, is amended to read:

"20-5-405. Personal, religious, or medical exemption.

(1) When a parent, guardian, or adult who has the responsibility for the care and custody of a minor seeking

-2- INTRODUCED BILL
HB 128

1 the invalid part remain in effect. If a part of this act is
2 invalid in one or more of its applications, the part remains
3 in effect in all valid applications that are severable from
4 the invalid applications.

5 NEW SECTION. Section 3. Effective date. This act is
6 effective on passage and approval.

-End-

1 enrollment to attend school, or the person seeking
2 enrollment to attend school, if an adult, signs and files
3 with the governing authority a written statement on a form
4 prescribed by the department stating that immunization is
5 contrary to the personal or religious beliefs of the signer,
6 immunization of the person seeking enrollment to attend
7 school may not be required prior to enrollment commencement
8 of attendance in any school. The statement must be
9 maintained as part of the person's immunization records.

10 (2) When a parent, guardian, or adult who has the
11 responsibility for the care and custody of a minor seeking
12 enrollment to attend school, or the person seeking
13 enrollment to attend school, if an adult, files with the
14 governing authority a written statement signed by a
15 physician licensed to practice medicine in any jurisdiction
16 of the United States or Canada stating that the physical
17 condition of the person seeking enrollment to attend school
18 or medical circumstances relating to him indicate that some
19 or all of the required immunizations are not considered safe
20 and indicating the specific nature and probable duration of
21 the medical condition or circumstances which contraindicate
22 immunization, he is exempt from the requirements of this
23 part to the extent indicated by the physician's statement.

24 The statement must be maintained as part of the person's
25 immunization records.

1 (3) Whenever there is good cause to believe that a
2 person for whom an exemption has been filed under this
3 section has a disease or has been exposed to a disease
4 listed in 20-5-403 or will as the result of school
5 attendance be exposed to such disease, the person may be
6 excluded from the school by the local health officer or the
7 department until the excluding authority is satisfied that
8 the person no longer risks contracting or transmitting that
9 disease. The exclusion period may not exceed 30 calendar
10 days."

11 Section 4. Section 20-5-408, MCA, is amended to read:
12 "20-5-408. Enforcement. (1) The governing authority of
13 any school shall prohibit from further attendance any pupil
14 enrolled allowed to attend conditionally who has failed to
15 obtain the immunizations required by 20-5-403(1) within time
16 periods established by the department until that pupil has
17 been immunized as required by the department or unless that
18 pupil has been exempted under 20-5-405.
19 (2) Each governing authority shall file a written
20 report on the immunization status of all pupils under its
21 jurisdiction with the department and the local health
22 department at times and on forms prescribed by the
23 department.
24 (3) The local and state health departments shall have
25 access to all information relating to immunization of any

1 pupil in any school)." 2
3 NEW SECTION. Section 5. Saving clause. This act does
4 not affect rights and duties that matured, penalties that
5 were incurred, or proceedings that were begun before the
6 effective date of this act.

6 NEW SECTION. Section 6. Severability. If a part of
7 this act is invalid, all valid parts that are severable from
8 the invalid part remain in effect. If a part of this act is
9 invalid in one or more of its applications, the part remains
10 in effect in all valid applications that are severable from
11 the invalid applications.

11 NEW SECTION. Section 7. Effective date. This act is
12 effective July 1, 1983.
13

-End-

STATE OF MONTANA

REQUEST NO. 060-83

FISCAL NOTE

JANUARY 1983

83

BUDGET DIRECTOR'S OFFICE

BUDGETARY CONSEQUENCE

Senate Bill 76, as introduced by the Department of Health and Environment, is intended to adopt a amendment to general rule 110, allowing for the establishment of a scheduled fee for the regulation of hazardous waste generators.

ASSUMPTIONS:

- 1) Source of revenue would be derived from the establishment of a user fee on generators of hazardous waste.
- 2) The fee amount for each generator would be determined by the amount of hazardous waste generated.
- 3) This revenue will assist in offsetting the amount of state revenue required to match the annual federal hazardous waste grant issued to the state.
- 4) User fees collected will be deposited in the state general fund.

FISCAL IMPACT:

Estimated total of \$10,000 in revenue would be generated by this bill each year. The proposed fee schedule is as follows:

Generation	Generators	Fee Assessment	Revenue
Inactive	53	\$ 50	\$ 2,650
1 lb - 1 ton	26	100	2,600
1 ton - 10 ton	4	150	600
10 ton - 50 ton	8	200	1,600
50 ton - 100 ton	1	250	250
100 ton - 500 ton	3	300	900
500 ton - 1000 ton	1	400	400
1000 ton +	2	500	1,000
			\$10,000 Per Year

TECHNICAL NOTE:

The bill does not take into account the increase in revenue to be deposited.

FISCAL NOTE:
BUDGET DIRECTOR

Office of Budget and Program Planning